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ABSTRACT

This qualitative research assesses mental health resources from the perspective of providers in Cambodia and in Lowell, Massachusetts. The research documents culturally relevant coping strategies available to Cambodians for combating the effects of trauma and stress. Interviews were conducted with 11 caregivers in Cambodia and with 6 providers in Lowell. Participants identified the breakdown of traditional helping systems, poverty, depression, and Post Traumatic Stress Disorder (PTSD) as major results of past traumas experienced by Cambodians after the Khmer Rouge. In helping people cope with these traumas, participants found that using a combination of Western and traditional healing pathways was helpful. Commonly identified coping resources included one-to-one counseling; faith healing through Buddhism; the use of Western medication; individual and community education; support groups; and inner focus through artistic and cultural expressions. Participants in Lowell and Cambodia pointed to the need for community education and the integration of terms of taxonomies that are familiar to Cambodians in order for them to understand the trauma and begin the recovery process. In Cambodia, the integration of Western forms of healing practices with that of Cambodian traditional practices has proven to be successful and points to a possible approach for Lowell. (Contains 6 tables and 35 references.) (Author/JDM)

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# Coping Methods: Personal and Community Resources Used among Cambodians in Cambodia and Cambodian-Americans in Lowell, Massachusetts

Chath pierSath
B.A., New College of California/World College West
1993

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SUBMITTED IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
THE DEGREE OF MASTER OF ARTS IN
COMMUNITY SOCIAL PSYCHOLOGY
UNIVERSITY OF MASSACHUSETTS LOWELL
2000

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**Coping Methods: Personal and Community Resources Used among Cambodians in Cambodia and Cambodian-Americans in Lowell, Massachusetts**

Chath pierSath

ABSTRACT OF A THESIS SUBMITTED TO THE FACULTY OF THE
DEPARTMENT OF PSYCHOLOGY
IN PARTIAL FULFILLMENT OF THE REQUIREMENTS FOR
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UNIVERSITY OF MASSACHUSETTS LOWELL
2000

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Abstract

The qualitative research reported here assesses personal and community mental health resources from the perspective of providers in Cambodia and in Lowell, Massachusetts. The research documents culturally relevant coping strategies available to Cambodians for combating the damaging effects of trauma and stress. Interviews were conducted with eleven caregivers in Cambodia and with six providers in Lowell. Content analysis was used to analyze the data. Participants identified the breakdown of traditional helping systems, poverty, depression and Post Traumatic Stress Disorder (PTSD) as major results of past traumas experienced by Cambodians during and after the Khmer Rouge. In helping people cope with these traumas, participants found that using a combination of Western and traditional healing pathways were very helpful. Commonly used coping resources that were identified from the analysis include Western forms of one-to-one counseling, faith healing through Buddhism, the use of Western medication, individual and community education, support groups and the move toward a more centered, inner focus of self-identity through artistic and cultural expressions. Participants both in Lowell and in Cambodia pointed to the need for community education and the integration of terms or taxonomies that are familiar to Cambodians in order for people to understand their own trauma and then begin a process of recovery. Furthermore, the use of faith healing through Buddhism seemed more important as an indigenous approach than other traditional forms. The results also show that traditional healing practices vary in perceived effectiveness. The results suggest that Western providers can

and should learn from traditional healers by understanding their role in ethnic communities and vice versa. In Cambodia, the integration of Western forms of healing practices with that of Cambodian traditional practices has proven to be very successful and points to a possible approach for Lowell. There is a significant opportunity for synergy between the traditional and Western methods. For example, Buddhist monks, lay people, Kruu Khmer (traditional healers), midwives and mediums in Cambodia have served as potential recruits to become mental health workers and educators. Organizations like the Transcultural Psychosocial Organization (TPO), the Harvard Training Program of Cambodia (HTPC) and the Social Services of Cambodia (SSC) have been instrumental in bridging the gap between traditional healing methods and Western approaches. The findings suggest that effective treatment for Cambodians requires multiple pathways, financial resources and education, coupled with a holistic approach that treats the whole body, mind and spirit.

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## Chapter 1

### Introduction

Cambodians today face many challenges left behind by the Khmer Rouge war and genocide as they try to rebuild their lives, families and communities. Survivors have been left with deep physical and emotional scars from the violence and the memories of their loved ones being tortured and killed. Many face additional hardships associated with poverty, unemployment, homelessness and the lack of education. Cambodian emigrants to America face further challenges of adapting to a new culture. There are language barriers, difficulties obtaining decent jobs, family conflicts and problems in raising children arising from the clash between their traditional ways and the cultural values of their adopted country. All of these difficulties combine with the legacy of the Khmer Rouge to create profound stresses in the lives of Cambodian Americans.

At least three generations of Cambodian families have been touched by war and the traumas caused by the Pol Pot regime. The experiences of escaping torture, witnessing the killing of loved ones, and suffering physical and emotional deprivation such as malnutrition, starvation, disease, economic hardship and personal separation impact many Cambodians living in the United States and in present day Cambodia (Bit, 1991; Boehnlein, Leung, & Kinzie, 1997). The unspeakable horror of brainwashing, public execution and physical exhaustion from forced labor has left psychological imprints on survivors. For many Cambodian-Americans living in Lowell, Massachusetts, these experiences still haunt their sleep.

In addition to the challenges of living in a completely different environment and culture, the older generation is still reaching for ways to move on to a new life, forget the troubled past and incorporate some familiar cultural aspects onto the foreign landscape. However, there are many wounds and scars to heal. Fleeing their homeland was a desperate move as they avoided landmines and encountered Thai thieves only to find themselves, in effect, imprisoned in refugee camps. The situation in refugee centers compounded the worries of Cambodians who were compelled to live in crowded quarters and face the possibility of forced repatriation.

In the United States, Cambodians face social and economic challenges that add additional stress to their lives. Although they are politically safe in the United States, there are other problems that result from their conflicting social and cultural values. There is a generation gap between the older people and their children who adapted more quickly to American ways of life. Some of the children are born here with little or no context to life or the experiences of their parents in Cambodia. What their parents experienced during the Khmer Rouge has limited meaning in the children's personal lives, who do not share these memories. The younger generation has their own problems with poverty, violence on the street and the conflict of growing up without a clear identity in two different cultures.

Families in the United States with relatives in Cambodia often feel a great economic burden to care and provide for those they left behind because they are poor. Many Cambodians in Cambodia regard America as a paradise while those who live in the United States in fact experience daily struggle for survival. In

America, every member of the family who can work often has to contribute to family income. More than one earner in the family is needed in order to survive in today's American economy (Googin, 1991). In comparison to the lives of their relatives back home, they are much better off although there are advantages and disadvantages. While many Cambodian immigrants are experiencing a greater sense of freedom and security in the United States, the struggles for a better life continue as people try to meet their daily needs for food, employment, health care, education and decent housing.

Throughout their journey, the Cambodian people have been marked by pain and suffering, broken hopes and dreams, separation and the loss of loved ones. Tales of their escape depict scenes of violence, exploding landmines, rape, torture and running from Thai thieves (Eisenbruch, 1991; Mollica & Lavelle, 1988; Silka & Tip, 1994). In the refugee camps, they lived with restricted mobility in crowded conditions within barbed wire enclosures that kept them like prisoners of war. Since their arrival in America, between 1980 and 1982, Cambodian immigrants carried mental wounds that put them in conflict with each other, friends and even family members (Hefner, 1999). They have much unresolved anger, rage and desire for vengeance that interferes with their ability to heal.

Cambodians experience many levels of stress related to transitioning to life in America, including facing new psychological orientations, learning a new language, finding jobs and adapting to foreign environment. More than 60,000 Cambodians were resettled in the United States between 1980 and 1982 (Hefner, 1999). Those were the lucky people. In 1993, the United Nations

repatriated thousands of Cambodian refugees who were not resettled in other countries. For these Cambodians, their despair and sense of hopelessness deepened as they were returned to a country marked by economic and political uncertainty. Today, Cambodia is a nation of many orphans, amputees, teen sex workers and victims of social, economic and political violence (Transcultural Psychosocial Organization's Project Proposal, 1993). Survival is still a struggle for the rural poor, where eighty percent of the nine million people live in the countryside with little or no access to health care and education.

In Cambodia, the majority of Cambodians are still very impoverished and tied to an agricultural subsistence system. They also live with great economic, social and political uncertainty. Although the United Nations brought democracy to Cambodia in 1993, many people still experience and fear political violence. Due to the absence of adequate law and order, crime has risen to create a lack of societal sense of security and justice. The very few who have power and wealth may find great happiness in the current system, but for a large majority of the rural poor, life and survival remain a day-to-day struggle. All of this combines to accumulate psychological and emotional stress, which can lead to greater insecurity in the broader society due to the imbalance of social, economic and political power (Bit, 1991).

Cambodians in America often complain about the way the Cambodian government operates by critiquing its questionable record regarding due process of law and human rights. The older Cambodian-Americans do not forget their motherland, and continue to closely follow the social and political events in

Cambodia. Some have even left America to join the political process back in Cambodia hoping to make a difference, often end up becoming a part of the corruption.

Bit (1991) described how corruption is pervasive at various levels of governmental institutions. Individual leaders often try to divert scarce financial resources for their own personal gain. Army generals and police chiefs can be bribed to disobey the rules of law. High-ranking officials are promoted on the basis of their personal connection rather than on the basis of their qualifications. This form of corruption breeds resentment, deepens existing political division, and creates individual suspicion, fear and mistrust that already resulted from the long history of war and violence among Cambodians at various levels of society.

Many studies have pointed toward the tremendous effects of war, violence and genocide on the psychosocial well being of individual Cambodian survivors (Lavelle, Tor, Mollica, Allden, & Potts, 1996; Mollica, Donelan, Tor, Lavelle, Elias, Frankel, & Blendon, 1993). Their traumatic experiences raise questions: How have Cambodians learned to cope? What personal and community resources are available to them? How are these resources being utilized?

Research has found that like all human societies, Cambodian society is not unique in terms of Cambodians deriving solutions to problems affecting them and their communities (Eisenbruch, 1990; TPO, 1997). There are coping mechanisms, which may differ from that of Westerners, that exist within their cultural and spiritual beliefs. Cambodians may not view mental health issues in the same way as Western people do (Transcultural Psychosocial Organization's

Project Proposal, 1993). There are uniquely Cambodian concepts, interpretations, personal and community resources as well as methods of coping that are being used in various forms.

However, due to the long Cambodian history of war and the traumas that resulted from the Khmer Rouge reign of terror, traditional means such as healing through Buddhism, herbal remedies, and other rituals offered by traditional healers were often lost. Family, community, social and cultural support networks were to be rebuilt and strengthened in ways that were consistent with traditional values and safe for those who wish to use them. Western concepts or terms of mental health or the lack thereof are slowly being introduced and incorporated into these traditional ways. This integration strengthens existing methods of caring for those who are mentally ill or for those who may simply need to talk to others about their life's problems and the challenges of survival.

Before the Khmer Rouge regime, there were many healing pathways that were used to treat both physical and psychiatrist illnesses (Lavelle & Tor, 1999). Some people turned to Buddhism as a guiding force for physical and psychological healing and dealing with wartime. Preah Song (Monks) have always played an important role in helping people make sense of their own suffering, providing them with forms of hope that they can internalize. Beliefs such as fate or destiny have influenced how many Cambodians deal with great psychological and physical suffering.

Cambodians also turned to traditional healers for herbal remedies when physically sick or diseased. These healers have acted as channels between

earthly life and the spirit world. Exorcising bad omen or spirits has been a way of explaining mental illness, taking away depression, anxiety and a feeling of sadness or misfortune (Tor, 1996).

Whether it is through spiritual figureheads, healers or Western trained doctors, the Cambodian people have apparently developed systems in which they can access resources within their own village, city or town (Eisenbruch, 1993). Wherever the Cambodian people resided, there would be temples to house their Buddha statues, monks and their elders. The temples served not only as a place of worship, but also as a shelter for the elderly, the lay people or the aacha, who preside over most religious ceremonies (Hefner, 1999). Temples have been used, especially in Lowell, Massachusetts, as places for meeting, learning English, or acquiring information on how to become an American citizen. When troubled, people have often turned to the temple to consult with the head monk, a well-respected spiritual leader, for moral guidance and psychological support.

When physically sick or diseased, people have also gone to Kruu Khmer or Kruu Borans. These traditional healers specialize in herbal medicines, casting out bad spirits, and may intervene at some levels when individuals and families are in conflict (Eisenbruch, 1993; Hem, 1996; Tor, 1996). Traditional healers are often remarkably resourceful in their process of finding specific solutions to difficult problems. A good example of this is how a traditional medicine man healed the author's cyst when he was a child at the request of his mother. First, the healer chanted a mantra to blow away the illness. Then, he chewed some

carefully selected leaves and spat on the child's neck. In a week, as a result of the herbal treatment, the cyst dried up, broke open and then healed.

Cambodian-Americans may instinctively turn first to Western doctors and local hospitals instead of a traditional healer because these Western resources are readily available. However, hospitals deal mainly with physical trauma or illness. Many Cambodians go to the emergency room for physical pain that may result from psychological distress or disorder. Experienced clinicians and past studies show that some psychological stress has direct correlation with physical complaints (Du and Lu, 1997; Lavelle, Tor, Stedman, Mollica and Sath, 1993; Kinzie, Leung and Boehnlein, 1997). Somatic complaints such as headaches and aching joints may result from stress, anxiety or depression (TPO, 1997). Primary doctors are often unprepared to deal with Cambodian patients due to the doctors' lack of understanding of Cambodian culture, language barriers or a lack of experience in how to deal with their trauma. As a result, Cambodians may develop distrustful feelings toward Western doctors and doubt their ability to cure or treat their illness. Instead, Cambodians may turn to other alternatives such as private clinics run by Vietnamese doctors or monks for traditional remedies.

In Cambodia, city people have a variety of choices in seeking health care. Their first choice when sick may be to go to Western type hospital or clinics. If these fail, they can then seek out a traditional healer. For example, a woman in Lowell told the researcher a story of her friend, a famous comedian in Cambodia, being involved in a car accident. The car accident broke most of his ribs, and although he was in a local hospital for several days, the Western trained

physicians could not do much for him. However, when he went to a Kruu Khmer, this healer managed to mend all his broken ribs. This example illustrates the importance of traditional healing practices even when Western hospitals are providing generally better care and more high tech treatment of diseases or physical trauma.

Other Cambodians living in cities may have already sought out traditional healers before they turned toward Western facilities or treatment. Providers offering counseling and medication for symptoms of psychosis or major depression may be the last resort. Another example illustrates this point. A young girl in Siem Reap, who had severe mental illness, was taken by her father to several traditional healers. The last healer he found treated his daughter by pouring hot water over her and the young girl was severely burned. The father then heard of the Harvard Training Program of Cambodia and sought help.

As this example suggests, traditional ways of healing are not necessarily good and are sometimes very harmful to those with major symptoms of mental illness. Shooting guns to scare the spirit away, chaining the patient to a bed or frightening the patient by dipping his or her head in water are just some of the methods that traditionals sometimes use. Harmful methods of treatment such as these may result from ignorance about mental illness. Community organization such as the Social Service of Cambodia (SSC) works to educate family and other community members so that they can find healthy ways in which they can care for loved ones who are mentally ill. In Cambodia, there are several other important organizations such as the Transcultural Psychosocial Organization

(TPO) and the Harvard Training Program of Cambodia (HTPC) that have developed ways to work in harmony with traditional practices and to help educate family and community members to understand healthy methods of caring.

In Cambodian culture, spiritual belief and social support systems have been destroyed by the war at various levels. The restoration of these systems may not result in fully restoring their original forms of practice since people with healing knowledge and skills were targeted for death by the Khmer Rouge. The educated were considered enemies of the state and hospitals, schools and temples (wat) were abolished and desecrated. The family network was challenged and broken by turning children against their parents. The psychological system of control implemented by the Khmer Rouge was based on threats, torture, forced labor and food deprivation. Survivors were exhausted of trust and their beliefs in the systems that had helped them in the past.

The rebuilding of lost systems must include all people in communities, villages, cities or towns including provincial leaders, Kruu Khmer, monks, lay people, elders, Western NGOs, midwives and shaman and the different community partners in order for it to have a long term positive effect (TPO, 1997). Mental health care providers should work together to educate and familiarize people with terminology and methods that can help them understand their own problems. Education and awareness would enable members of the community to help themselves and to care for others that are sick.

The need for education in the Cambodian community in Lowell, Massachusetts is similar, and perhaps greater due to the complexities of their

new lives in a foreign culture. Successful and culturally relevant mental health programs should incorporate beliefs, values, family members, community leaders and social agencies in a learning and caring process. The exchanges of ideas and principles of treatment of psychological problems are essential between Cambodian communities in America and those in Cambodia.

The current research was designed to assess the importance of Khmer traditional healing practices in Cambodian society and how Cambodians have used them, both as personal and community resources, in dealing with the trauma and stress in their lives. Identifying and understanding the diverse healing pathways used by Cambodians (including the Western, traditional or religious healing practices and other appropriate mental health programs) will enable the development of education and the development of treatment options, especially in Cambodian communities in the United States.

A total of eleven providers in Cambodia who represent a variety of backgrounds and experiences, were interviewed. Not all of these providers dealt exclusively with mental health. For example, one was a primary care physician whose practice specialized in treating those infected with AIDS. Although not a trained mental health care provider, he provided emotional and psychological support to AIDS victims. Represented in this body of research is also the voice of the Department of Psychology in the University of Phnom Penh. The Department has been working with mental health providers, such as the Transcultural Psychosocial Organization and Social Services of Cambodia to

undertake needed research, training and curriculum development as well as to provide psychology students with internship opportunities in the field.

Other providers include the Dutch Transcultural Psychosocial Organization, the Harvard Training Program of Cambodia and a Buddhist monk of Wat Bo, Siem Reap. So that practices in a large Cambodian community in the United States could be compared with those in Cambodia, six providers were interviewed for the Lowell, Massachusetts portion of this research. Providers in Lowell were also diverse in their background and experiences with some providing mental health services while others, for example, represented community social service agencies. Nevertheless, their combined voices (as we shall see) testify to the urgent need to formulate a culturally appropriate community mental health program for the Cambodian-Americans in Lowell.

The program envisioned as eventually emerging from this research would acknowledge the importance of integrating Western and Khmer traditional healing practices for the purpose of helping Cambodians learn to cope with the realities of their socio-economic circumstances. In the chapters that follow, literature relevant to the way in which different types of Khmer healing pathways complement that of Western practices is presented. Some of the questions in which this research has been framed and analyzed include: How are traditional healing pathways helpful in Cambodia and how have they been integrated with Western healing practices? Are there lessons that mental health providers in Lowell can learn from the providers in Cambodia? Mental health taxonomy and personal and community coping resources in Cambodia are compared with those

in Lowell, Massachusetts. Types of healing pathways are identified and defined and a description of these pathways may serve as a reference point to the development of future mental health programs in Lowell, Massachusetts. A detailed description of the procedures for this study, data analysis, discussion, and finally, an exploration of questions for future research and implications for further action follow.

## Chapter 2

## Literature Review

Types of coping methods: personal and community resources

There are multiple pathways to mental health and the healing of trauma. Some of these ways include traditional healing practices that are familiar to some Cambodians but not to others. These indigenous healing practices may exist in harmony with other pathways, such as the practices used by a modern American or Western mental health institution that seeks to systematically help and support the healing process without regard to specific cultural backgrounds. Cultural beliefs and traditional healing practices can be incorporated to act as a bridge between Eastern and Western systems. Both systems share the common goal of providing appropriate and adequate pathways to mental health for all people in the community.

Cambodian health seeking behavior is often private and personal, especially that which relates to mental illness (Tor, 1996). For city people, physical illness is frequently treated with medication from local pharmacies or hospitals. Seeking out a traditional healer would be an option when modern medicine failed or when Cambodians are seeking a more private approach n seeking healthcare (Hem, 1996; Tor, 1996;). In the countryside, the majority of the people still use various herbal remedies to treat a variety of physical ailments, (for example wounds, cysts, or broken bones) as they have for centuries. Some herbal remedies for example might be boiled as tea as a remedy for stomach problems.

For psychological ailments, on the other hand, people often turn to the local Buddhist monk. If evil spirits were thought to surround a person's body, that person would be advised to go to the monk to be blessed with holy water. The monk would chant and bless the water with drops of candle wax before showering it on the individual seeking treatment. Through the researcher's contact and informal visit with several Kruu thiey (fortunetellers), it was found that sometimes, a person may choose to consult with a fortuneteller to determine their health prognosis. If the fortuneteller detects danger in the person's future, then he or she is often advised to go see a monk to rid oneself of that danger. Skilled fortunetellers are said to be able to read and diagnose patterns of people's tension, stress and even a negative aura. Thus, a pathway from fortuneteller to monk for treatment or psychological relief is very common.

Other remedies are also popular. According to the Deputy Director of the Ministry of Health in Phnom Penh, physical illnesses such as malaria, dengue fever, stomach pain or flu are often treated with Western medicine or with glucose. Due to the lack of proper sanitation and hygiene, clean water, and balanced nutrition, children often become victims of malaria and stomach infections.

Many people in the countryside cannot afford Western medications for these illnesses. However, they can afford glucose. The researcher observed from traveling through different villages that a village doctor often applies glucose intravenously to a sick patient. These village doctors are often not medically

trained and certified. Yet, people spend their savings to receive glucose in their veins.

Whether the problems are physical or psychiatric, Cambodians are often resourceful in developing their own forms of healing. When Cambodians think they need psychiatric support and healing, turning to a well-known monk is often their first choice. In every Khmer village, there are practicing traditional healers known for their skills in providing both physical and psychological remedies (Hem, 1996; Eisenbruch, 1992; Tor, 1996). These healers learn and pass down their craft from one generation to the next, and the majority take their practice very seriously. Through experience, observation and practice, traditional healers assert that they can cure almost seventy to eighty percent of both psychiatric and physical illnesses. They do not claim, however, that they have the means to cure every physical or psychological illness (TPO, 1997).

Psychiatric illness can be very complex. In Cambodian culture, mental illness is often seen as being caused by demonic possession or bad spirits taking over a person's body (Eisenbruch, 1993). The role of the traditional healer may be to exorcise this spirit out of the person. Sometimes, the methods of driving the spirit out are themselves dangerous. According to the Cambodian social workers interviewed for this research, mentally ill persons have been known to have been chained to a metal bed, slapped, or drowned to shake the spirit out.

Maltreatment of mentally ill persons caused by some traditional practices has raised concerns among some international and local non-government organizations. These non-governmental organizations, including mental health

groups, have taken steps to raise awareness around psychiatric illnesses. Rather than working against traditional methods that are harmful to people suffering from mental illness, these organizations took a collaborative approach to solving the problem by working with community members and traditional healers to help them understand the causes and symptoms of mental illness, such as major depression and schizophrenia. This form of collaboration allowed non-governmental organizations (NGOs) to build trust and acquire support from local communities in the development of local education and healthy methods of psychiatric treatment.

According to the Director of TPO of Cambodia, effective education and outreach began with identifying personal and community coping resources that are being utilized by the people. These resources such as the monks at the temple, family members, elders, village doctors, traditional healers, midwives and even fortunetellers can serve as potential recruits for mental health education and outreach. Organizations like TPO, Social Services of Cambodia and the Harvard Training Program found that working to support people's existing beliefs, traditions and cultural values are fruitful and effective.

In Lowell, Massachusetts, the Mental Health Needs Assessment (pierSath, 1998), conducted in 1998 by the Cambodian Mutual Assistance Association (CMAA) for the Massachusetts Department of Mental Health, also demonstrated the importance of working with Buddhist monks and traditional healers and supporting Cambodian cultural and religious beliefs, (Eisenbruch, 1992) in the psychosocial wellbeing of Cambodian-Americans in the city of

Lowell. The assessment data shows that Cambodians have a very different view of mental health than that held by mainstream American. Among Cambodians, poor mental health is viewed as the result of some religious or spiritual wrongdoing (Hem, 1996; Tor, 1996). People often seek help from elder members of the family, religious leaders or through rituals and prayers for forgiveness. If illness is believed to be a spiritual weakness or if evil spirits are believed to be involved, a monk is consulted to provide counseling or to exorcise the evil spirit.

Benevolent spirits on the other hand, are believed to act as guardian angels protecting an individual or a village. When existence of these spirits is denied or they are insulted, these spirits are believed to become vindictive and cause accidents or inflict mental or physical harms. In addition, supernatural concepts of mental illness are also derived from Buddhist beliefs, which explain mental illness as a natural outcome of life tragedies in both past and present lives (Vitebsky, 1995).

In Cambodia, diagnoses and treatment of mental illness (Tor & Lavelle, 1999) have historically been designated exclusively to skilled traditional Kruu or healers. It was not until after Cambodia's Independence from the French in 1954 that a Western type of psychiatric facility was built. This was the only psychiatric hospital in all of Cambodia for a population of approximately ten million. Users of the facility were primarily poor or rural families because city dwellers treated their psychotic family members at home. Other patients, suffering from less serious or

non-psychotic mental disorders, were turned over to other community resources such as monks, Kruu Khmer (Tor, 1996) or village elders.

Due to stigma around mental illness, this psychiatric hospital became known as a place where one went in but never came out. For this reason, mental problems, both minor and serious in nature, were usually dealt with either by the monk, the Kruu Khmer or by the family itself. Mental illness was regarded as bringing shame and humiliation to the patient's family, thus perpetuating the desire to hide or keep such problems secret.

In Lowell, Massachusetts, there has not been any study that looks at ways in which people deal with a mentally ill person in the family. However, the stigma around mental illness still persists, and there is no assured way of learning about the individuals who are seriously ill. American mental health providers openly welcome all people in need of psychiatric assistance into their facilities. However, due to stigma, cultural and language barriers, Cambodians may be reluctant to seek help. The need for mental health services among Cambodian refugees is well documented. Yet, local mental health institutions in Lowell see very few Cambodian patients.

Jalbert and Mollica (1989), Nicholson (1997) and others have shown through their past studies that Cambodian refugees in America continue to suffer a disproportionate amount of severe psychological trauma as a result of their experiences with the war and political repression. For example, in the refugee Mental Needs Assessment conducted by the Massachusetts Department of Mental Health in 1989, sixty percent of Cambodians reported being robbed,

raped, or tortured during their escape from their native country. Ninety-five percent reported having suffered the loss of family members or relatives in an unnatural manner (Nicholson, 1997). According to Mollica and Jalbert (1989) other clinical reports and community surveys of resettled Cambodians reflect similar findings: Cambodian psychiatric patients in the U.S. have experienced an average of sixteen major traumatic events. Out of these, three according to the United Nations criteria are severe enough to be considered torture. The traumatic experiences of these patients fall into four general categories: (1) deprivation; (2) physical injury and torture; (3) incarceration, brainwashing, re-education camps; and (4) witnessing killing and/or torture.

In addition to the experience of the war and life under the Pol Pot regime, all Cambodians who emigrated to America have come via refugee camps where conditions were also very harsh. For escaping Cambodians, arriving in a refugee camp did not mean an end to their problems; rather, the problems had become different. Mollica and Jalbert (1989) have referred to the camps as a second wound, a retraumatization of those who have already suffered severely trauma prior to entering the camps. Young Cambodians born in those camps knew of no other type of life. Older Cambodians may have been so-called "long stayers", whose time in the camps was particularly extended and who may therefore be at high risk for mental health problems as a result.

In a 1986 Santa Clara County, California study (Mollica & Jalbert, 1989), it was revealed that approximately eighteen percent of the resettled Cambodian community had serious mental health needs and an additional thirty five percent

had moderate mental health needs. In comparison, a corresponding three percent and twelve percent mental health needs prevalence figure is used for the general American population. In a Massachusetts's study, eighty three percent of Cambodians suffered from "bebochit," a condition that, in Khmer, means a deep sadness inside oneself (Fifield, 1998), with more than half experiencing sleeping and eating disorders and severe anxiety.

In a study by Nicholson (1997), it was confirmed that nearly twenty years after leaving their home countries, many Southeast Asian refugees continued to exhibit serious psychiatric problems stemming from both pre- and post-migration factors. Further, the study indicated that the most powerful predictor of mental health status was the degree of current stress, including poverty, adjustment problems, and family conflicts.

For those who did not flee Cambodia, there are multitudes of stress indicators that point to the need for mental health services. In addition to coping with losses, people have struggled to rebuild their own lives and their country. During the Vietnamese occupation of 1979 to 1989, Cambodians faced other forms of political repression, which, although different from the Khmer Rouge government, reflected a continuation of the history of the communist regime. Today, Cambodians are confronted with the imbalance and inequity of extreme poverty along side of extreme wealth. Eighty percent of the Cambodian population is rural based, and those who survived the Khmer Rouge are often illiterate. In 1993 the United Nations and other humanitarian organizations reported that approximately one in every 236 Cambodians has been maimed in

some way by landmines (Cobey, Keller, Sopheap & Stover, 1994). Throughout the war for more than two decades, various warring factions have laid these landmines in areas where people usually farm and look for food. The presence of these landmines has increased physical and mental trauma for the Khmer population, as well as contributing to the growth of orphans and street children. There are other profound infrastructural problems relating to the social, economic and political aspects of the Cambodian society, including the recent AIDS epidemic.

In short, the need for mental health services is evident both in Cambodia and in Lowell, Massachusetts. However, in Lowell, there appear to be fewer accessible resources for Cambodians than exist in Cambodia. This lack of resources is due to language barriers, lack of culturally specific mental health programs, limited staffing and financial resources and the lack of effective mental health treatment models that Cambodians can understand and use. In order for Cambodians to seek services from American providers, those services need to incorporate treatments that are relevant to Cambodians and their culture. Trust needs to be built between the providers and the patients being served. Traditional figures such as monks and elders with some knowledge of healing should be trained to become counselors because of their Khmer language ability and respected status within the community.

Roles of Buddhism as a healing pathway

Venerable Sao Khon of Trairatanaram Temple of North Chelmsford stated that Buddhism is medicine for the mind. It is a religion that directs people to self-

heal and control negative thoughts that can lead to great human suffering. Buddhism, like other religions, has commandments or rules for people to follow so that they can achieve greater happiness, health and psychological peace. The five and eight precepts of Buddhism direct people to detach from the worldly desire that is the cause of all human suffering. To be a whole human being, one has to find that balance where one is neither too happy nor too sad, including refraining from things that are unhealthy for the body and the mind, such as alcohol, drugs, and excessive addiction to love, sex, gambling, envy, and jealousy. The cosmic return of good for good and evil for evil is the way of karma (Epstein, 1995) where deeds and merits play profound roles in determining one's life hereafter.

Buddhism also provides a reason for people to accept their own human condition because everything, especially the human condition, is impermanent and impure. Within the human body, people are born to suffer, but what one does with suffering will shape one's life and one's ability to endure hardship or life's struggle that come one's way. Buddhism teaches people to have compassion and to be very giving (Ghosananda, 1992), especially to those who have had misfortune.

Buddhism also prescribes psychological remedies to make one's life journey a more peaceful and joyful one, including the detachment from material desire, greed, senseless excess or wanting pleasure that is harmful to one's self and others. The role of Buddhism in Khmer society has an important impact on healing. When practiced daily, Buddhism has a soothing effect on the mind.

Chanting, meditation, charity, counseling, moral guidance and character development are some of the ways in which Buddhism and Buddhist monks play an important role in the healing process of individuals haunted by several decades of war and violence.

Roles of traditional healers

Within Cambodian culture, traditional healers exist in various forms and have different skills and functions in traditional Khmer society. They play different roles and have their own individual specialization. The Transcultural Psychosocial Organization (TPO), the Harvard Training Program of Cambodia and Social Services of Cambodia are organizations that have identified and worked with various types of traditional healers. These healers include the Buddhist monks, Kruu Khmer, Mediums (Kruu chol ruub), traditional birth attendants (chmap) and assistants to Buddhist monks (achaa, doon cii, ubasok and ubasika) in the pagoda. The latter are elders who may have counseling skills or serve as advisors to help solve people's personal problems.

The Kruu, primarily male and sometimes female, have different roles in psychiatric healing. The Kruu do not claim to cure all serious psychiatric illnesses, but they believe they can ameliorate the symptoms in about seventy percent of cases (TPO, 1997) by way of calming the patients and providing pharmacological treatment of diseases with plants. These healers help explain and deal with community, family and personal problems. In order to become a Kruu, individuals must follow years of rigorous training and the code of conduct, which prevent them from exploiting the ill. They study plants and develop skills

toward treatment of those whom others would consider ckuet (psychotic) and also provide remedies for physical illness.

Monks in Khmer society sometimes serve as healers and religious leaders in the community. People with worries, depression or other life problems may turn to monks for water blessing, fortune reading, Thesna (Buddhist sermon), meditation and counseling. In Phnom Penh, for example, elderly women sometime go to see monks weekly for a water blessing or a shower to lower their blood pressure. Through experience, monks who are master healers develop great insights into the different types of illnesses that their patients seek to alleviate. Some monks study herbal remedies for years in order to develop the expertise to treat certain physical or emotional conditions.

Monks are also especially helpful when they can relieve stress and help people feel calm. Once a person's mind is clear, he or she may readily find solutions to his or her own problems. The craft of healing, whether physical or psychological, takes keen practice, observation, years of study and experience and life in the monastery is one which disciplines people to foster mastery in traditional healing practices.

A common resource that is often not mentioned in research is that of fortunetellers who play a role in counseling or in individual coping therapy. Many people in Cambodian cities use fortunetellers as a means of reflection, looking forward to the future and sometimes to correct present problems. Fortunetellers, who use cards or palm to read fortunes, are said to also read the aura around an individual, and often times they prescribe spiritual remedies. For example, if they

sense that one is unhappy, has a lot of things on one's mind, or may be in danger in the future, they would ask that one go to the temple to be showered by a monk where the monk may chant to get rid of the bad omen.

People come to fortunetellers for a variety of reasons including knowledge of their future, their general fortune, vocational and economic issues, who would be their soul mate, what will their health be like or what kind of prospect do they have in solving family affairs. Fortunetellers are said to predict, see and visualize what individuals want to hear or know, but the process of affirming these things does seem to have some effect on the people who seek them. It serves as a form of relief, source of hope and inspiration toward personal resolution or action. Fortunetellers do not always tell people good things. The fortunetellers also prescribe remedies for bad things that they feel and sense around the person. What they see in the cards or on one's palms determine what the person should do to resolve various conflicts or problems in one's life.

The mediums, on the other hand, are those who have been changed by their own major life's crisis. These individuals are said to become shells for the spirits to enter. Those who seek them may find the cause to their own personal or emotional problems (TPO, 1997). The mediums, like fortunetellers, ask people to describe why they came and what would they like to know or solve. The medium's job is to dig out the source and help the seeker discover the cause to his or her own problems. Going to a medium serves as another opportunity for people to talk things out, just as Westerners take their problems to a psychotherapist or a counselor.

Roles of Western pathways to healing

Western pathways are slowly being integrated with that of traditional healing practices in Cambodia including the uses of psychiatric medication, support groups and clinical based counseling. These pathways also involve research and education around mental illness.

Medication: Both in Cambodia and Lowell Western medication bears a complex relationship to healing. Western medication for treatment of severe mental illness, such as major depression, psychosis and schizophrenia is very expensive and is not readily available in Cambodia. When medication is offered to a patient, follow up and education are very important. Patients may not take the medication the prescribed way and may fail to follow instructions. Therefore, the medication may not show real results in terms of effectiveness.

Medication that is being given or prescribed by providers in Lowell, Massachusetts is often covered by individual client's health insurance. Yet the many people without insurance may not able to receive such treatment. In Cambodia, medication is offered with a very small fee or in many cases free of charge, depending on the patient's ability to pay. Despite its current limited accessibility, the role of Western medicine will be important in psychiatric treatment in Cambodia's future as a psychiatric support system is further developed.

Counseling and self-help groups: Clinical based or individualized counseling and self-help groups are intended to help alleviate stress and provide prevention education and solutions for related psychological problems.

Counseling and self-help groups are not necessarily Western concepts alone. Traditionally, monks did counseling and they still do. Before the Khmer Rouge, Cambodians lived in small communities where they could acquire help from others around them and there was always a network of people they could rely on. Because this kind of helping system was destroyed, international organizations like TPO and the Harvard Training Program are trying to rebuild it by integrating Western concepts of self-help groups and counseling to existing traditional structure.

Individual counseling, support groups and team oriented community groups are becoming very important to the rebuilding and strengthening of Khmer traditional helping systems that were lost due to the war. The extended family, the religious center, the neighborhood and places to learn survival skills are settings within which Western forms of healing can participate. The support network that existed before the Khmer Rouge can be revitalized through group process, such as sharing problems and learning from others about their difficulties. Through this process, people learn from each other not to feel alone and to find solutions. International non-governmental organizations, such as TPO, the Harvard Training Program of Cambodia (HTPC) and Social Services of Cambodia (SSC) are important facilitators in this process. They provide means for research, training, rebuilding local knowledge and competence as well as bridging Cambodian healing pathways with that of Western healing practices.

Current study

Much has been done to promote the psychosocial wellbeing of Cambodians in the United States as well as in Cambodia. As noted in this literature review, other researchers have documented the work of traditional healers and the role and influence of Buddhist monks on people's lives (Eisenbruch, 1993; TPO, 1997). The experience of other mental health organizations in the area of training, providing basic mental health services, fostering community based research and creating a conceptual and semantic framework for mental health programs enable further development of a needed mental health program for Cambodians in Lowell. Currently, the Lowell providers do not have the capacity or the resources to expand or further increase their current services to a very needy Cambodian population. Training and incorporation of Cambodian elders and other potential healers must become a part of mainstream mental health services for more Cambodians to receive proper healthcare.

This research comprises an exploratory study carried out with the hope of making an impact in identifying and finding more culturally appropriate resources to provide the much needed mental health services to the Cambodians in Lowell, Massachusetts, where multiple healing pathways are not integrated. Providers interviewed have shared their expertise, research, experience and knowledge of the overall needs for the expansion of mental health services.

The importance of considering multiple healing pathways, both familiar and unfamiliar to Cambodians, cannot be overstated. The seventeen providers

who were interviewed provide an insight into personal and community resources and urgently needed by the Cambodian people for more mental health treatment pathways to be opened.

This study established six categories of questions. The first category addressed the overall demographic information of providers, their age; how the community knew them and the responsibilities they had in helping others. The second category sought to understand their definitions of "Mental Health" or the lack thereof. The third category looked at the potential effect from their perspective of traumas. The fourth category described their roles and services (i.e., what types of people come to see them? What are some of the common problems that people have?) The fifth category assessed the effectiveness of the current resources (i.e., How does each provider see the role of Buddhism in psychotherapy and healing? How do people learn of their services? How would they treat people who are seriously mentally ill?") Lastly, the sixth category was used to enable each provider to envision a healthy Cambodia or a healthy Cambodian-American community in Lowell (i.e., what kind of resources would they need to make this vision a reality? What are their hopes and dreams for expanding and providing current mental health services?) In addition to the interview, each provider was asked to share other materials that might be helpful to this study (i.e. training manuals, research manuscripts, grant proposals and curricula).

This exploratory study did not interview traditional healers. However, a monk in Cambodia and a monk in Lowell shared their perspective. Qualitative

data provided by this study is not necessarily representative of providers in Cambodia and in Lowell, Massachusetts. The number of people chosen for the interviews is small. However, providers were chosen based on their experience, knowledge of the Cambodian experience, and their educational status, such as the number of years they had been trained and worked for their given organization. Each provider was engaged in various ways in process of healing and providing means and support for others to heal themselves. They each knew their given community and its needs well.

# Chapter 3

## Method

### Participants

Eleven individuals ranging in age from 30 to 50 whose position allowed them to speak for their organization from their own perspective and experience working in the community, were interviewed in Cambodia. In Lowell, Massachusetts, six individuals were interviewed. The eleven individuals interviewed in Cambodia included a monk in Siem Reap and a former monk who is currently a Director of Buddhism for Development in Battambang. Four women represented Social Services of Cambodia. One woman represented the University of Phnom Penh's Department of Psychology. Two men represented the Transcultural Psychosocial Organization of Cambodia (TPO). Another man is a physician working for Indradevi Women's Association. The other participant was a counselor for the Harvard Training Program of Cambodia. In Lowell, the six individuals included the Executive Director of the Cambodian Mutual Assistance Association, the supervisor of DSS, a psychiatrist and a social worker at Arbour Counseling Center, a Buddhist monk and a community liaison for the Massachusetts Department of Mental Health.

The six participants in Lowell were previously known to the researcher. The researcher was very familiar with their individual leadership and the types of work that they do in the Cambodian community.

Prior to the researcher's arrival in Cambodia, the Transition Advisor of Social Services of Cambodia was contacted via email. She served as an in-

country supporter for this research. In addition, she referred the researcher to three of her staff and representatives of TPO to be interviewed for this research. TPO in turn referred the researcher to the University of Phnom Penh's Psychology Department. The former monk and the physician working for Indradevi Women's Association were acquaintances of the researcher. The monk in Siem Reap and the counselor at the Harvard Training Program were referred to by an acquaintance of the researcher in Lowell.

Out of all the participants both in Lowell and in Cambodia, there were only three non-Cambodians, two men and one woman. In Lowell, only one woman was represented while the other five individuals were men. In Cambodia, five women were represented and six participants were men.

Participants ranged in age and expertise and experience. See Table 1 and 2 below for the characteristics of the participants and the services they or the organization they represented provide.

**Table 1**

Characteristics of Participants in Cambodia

| Name of Organization Represented | Position or Title | Age (estimated) | Gender |
|---|---|---|---|
| | | | |
| Transcultural Psychosocial Organization (TPO) | Director | 30 - 39 | Male |
| | | | |
| Transcultural Psychosocial Organization (TPO) | Project Director | 40 - 49 | Male |

| | | | |
|---|---|---|---|
| Social Services of Cambodia (SSC) | Transition Advisor | 50 - 59 | Female |
| | | | |
| Social Services of Cambodia (SSC) | Khmer Social Workers | 40 - 49 | Female (3 women) |
| | | | |
| University of Phnom Penh (Psychology Department) | Deputy Director | 40 - 49 | Female |
| | | | |
| Buddhism for Development (BFD) | Director and former monk | 40 - 49 | Male |
| | | | |
| Harvard Training Program of Cambodia | Administrator Assistant & Counselor | 30 - 39 | Male |
| | | | |
| Buddhist Temple (Wat Bo, Siem Reap) | Head Monk | 50 - 59 | Male |
| | | | |
| Indradevi Women's Association | Primary Physician/counselor | 30 - 39 | Male |

Characteristics of Participants in Lowell, Massachusetts

| Name of Organization Represented | Position or Title | Age | Gender |
|---|---|---|---|
| | | | |
| Department of Social Services | Supervisor | 50 - 59 | Male |
| | | | |
| Massachusetts Department of Mental Health --- Office of Multicultural Affairs | Program Coordinator (Office of Multicultural Affairs) | 40 - 49 | Female |
| | | | |
| Cambodian Mutual Assistance Association (CMAA) | Director | 40 - 49 | Male |
| | | | |
| Trairatanaram Buddhist Temple | Head Monk | 50 - 59 | Male |
| | | | |
| Arbour Counseling Services Center | Psychiatrist | 40 - 49 | Male |
| | | | |
| Arbour Counseling Services Center | Clinician/Counselor/Social Worker | 30 - 39 | Male |
| | | | |

**Table 2**

Organizations and Types of Services

| Name of Organization Represented | Types of Services |
|---|---|
| | |
| Transcultural Psychosocial Organization (TPO) | Training/education/outreach<br>Individual and family counseling<br>Organizing support groups<br>Provide community health services through systems of traditional healers and monks<br>Provide means of artistic and cultural |

| | |
|---|---|
| | expressions as process of healing |
| | |
| Social Services of Cambodia (SSC) | Training<br>Family and individual strength based need Assessment<br>Counseling<br>Home visit<br>Transportation<br>Follow-up with those who need medication for psychosis symptoms |
| | |
| University of Phnom Penh (Psychology Department) | Education<br>Research<br>Advocacy |
| | |
| Buddhism for Development (BFD) | Training<br>Provides primary education to children<br>Provide adult education and community skills training<br>Environmental education<br>Provide small business credit loan<br>General community development education |
| | |
| Harvard Training Program of Cambodia | Training and education<br>Counseling<br>Do individual needs assessment and evaluation |
| | |
| Buddhist Temple (Wat Bo, Siem Reap) | Provide spiritual relief through chanting, praying, giving moral teaching, presiding over ceremonial or ritual activities.<br><br>Give people advice, counsel those with family or personal problems.<br><br>Provide relief through traditional healing methods such as sprinkling holy water to exorcise or take away bad omens) |
| | |
| Indradevi Women's Association | General STDs and HIV/AIDS prevention outreach and education; counseling<br>Providing moral and psychological support to AIDS patients<br>Make referrals and help people find resources of support |

| Name of Organization Represented | Types of Services |
|---|---|
| | |
| Department of Social Services | Advocacy<br>Provide social services to children and families in need<br>Protect children from neglect and abuse |
| | |
| Massachusetts Department of Mental Health --- Office of Multicultural Affairs | Training and staff development<br>Develop and integrate cultural competence into the department's regulations, policies, standards and guidelines<br>Advocacy<br>Culturally appropriate mental health services<br>Community liaison |
| | |
| Cambodian Mutual Assistance Association (CMAA) | Social services<br>Daycare<br>Elderly services<br>Young parent (GED) program<br>ESL<br>Employment placement<br>Citizenship training<br>Environmental education<br>Support for children and families with disabilities |
| | |
| Trairatanaram Buddhist Temple | Meditation<br>Spiritual counseling<br>Teaching about spiritual healing to people in jail |
| | |
| Arbour Counseling Services Center | Psychiatric counseling<br>Medication<br>Case management<br>Social work |

It is difficult to assess the degree to which this sample is representative of all the providers both in Lowell and in Cambodia. Therefore, the research does not claim universality of the entire population in Cambodia and in Lowell, Massachusetts. However, tapping into the knowledge and experience of the

individuals interviewed, this research can perhaps provide hope and challenges for mental health institutions or community based mental health programs that are seeking to serve the Cambodians in Lowell as well as in Cambodia.

Procedures

Participants: Names of potential participants were gathered through multiple sources (e.g., prior contacts, referrals from these contacts, non-governmental organizations, acquaintances, telephone directory and referrals from colleagues) and subsequently contacted by telephone or email. The criteria for contacting potential participants included their individual experience working in the community, their knowledge of the Cambodian experience and needs for mental health services, their direct provision of mental health or psychiatric services to Cambodians, and their community based development programs that support the mental wellbeing of the people. Individuals selected for the interview had to have knowledge of post war trauma and the ways in which Cambodians have coped with this trauma. Interviewees were selected because they provided a valid pathway to healing or ameliorating stress through the organization they represent.

Interviews were carried out on a one-to-one basis except the interviews with the three Cambodian woman social workers of SSC; these individuals were interviewed at the same time in a small focus group format. All interviews were done in person at a mutually convenient time and usually took place at the interviewees' work site or office, where they felt comfortable about sharing their knowledge and experiences. All participants signed an informed consent form

(please see Appendix A). They were assured that the audiotape and interview raw data would be kept confidential and that only the researcher would have access to it.

Interviews were structured with an open-ended question guide (please see Appendix B) that was aimed at understanding personal and community coping resources used by Cambodians in Cambodia and Cambodian-Americans in Lowell, Massachusetts. Each participant was asked the same questions under six established categories: 1) to give their title or position in the organization for which they work for, their age and their roles and responsibilities; 2) to define "mental health" from their own perspective; 3) to describe the potential effects of trauma on the psychological and emotional wellbeing of individual Cambodians from their understanding of the history (as well as from their own experiences as a victim of the Pol Pot regime if the participant was Cambodian) or working with their patients or clients; 4) to have them describe their roles and services they provide; 5) to describe current resources that are available and accessible to people; and 6) to assess the mental health needs of Cambodians in the future and what would it take to meet those needs.

Each interview lasted approximately one hour. Several minutes were taken before and after the interview to become acquainted and then to discuss the research, wrap up, and note names of others who might be appropriate for an interview. Additional notes were written after the interview to summarize the process, describe the setting and content of conversation before and after the interview.

Due to equipment malfunction, only two interviews in Cambodia were audiotaped. However, extensive notes were taken with the remainder of the interviews. In all the interviews, Cheryl West, a colleague who was doing research on themes of Cambodian thriving and resiliency, was present and supported the process of documentation and notes were later shared. All interviews in Lowell, Massachusetts were audiotaped in addition to being recorded through written notes. Cheryl was not present, however, in the Lowell interviews. All audiotapes were transcribed, proof read and then the tapes were destroyed and no one else had access to them.

Analysis

A content analysis of the qualitative data gathered in the interviews was conducted. This content analysis involved a descriptive summary of data collected including an individual provider's thoughts, experiences, roles and demographic information, work and responsibilities to the communities served as well as recommendations for the development of a culturally appropriate mental health program best suited for Cambodians. Mediums for presenting data included tables that describe demographics and characteristics of participants, types of physical and mental illness participants commonly identified or encountered, types of healing practices and treatment methods participants used, and definitions and terms participants used to describe mental health or lack thereof. Data gathered in Cambodia were complemented and compared to data gathered in Lowell, Massachusetts. Similarities and differences in personal

and community resources and availability of coping strategies or mechanisms were summarized.

After taped interviews were transcribed verbatim and integrated with the typed notes, each transcript was read carefully, marking each for themes in the various answers to the same questions under six sections or categories. This reading was repeated three times. Repeated themes were written on note cards in addition to marking sections that highlight certain points of interest. The note cards were then used to establish categories, relationships and themes, under the six sections or major headings of the interview guide: 1) demographics of providers; 2) definitions of mental health or lack thereof; 3) the potential effects of traumas; 4) the roles and services of providers; 5) current resources: what is working and not working? and 6) future needs assessed by providers: hopes toward mental health in Cambodia and in Lowell, Massachusetts. Themes from answers from questions under these sections were highlighted and noted onto note cards. This process was followed transcript by transcript three times. The section headings were written on a large white paper. Under it, the themes on the note cards were written, section by section, repeatedly three times each so that patterns, differences and similarities could be ascertained. The themes and their arrangement were then shared with the researcher's advisor for feedback, after which they were reworked and shared once again.

The following list is a summary of the steps taken in data analysis:

1. Retyped notes

2. Transcribed tapes of interviews verbatim and integrated notes with each interview
3. Read the transcript one by one three times, summarizing and noting themes on note cards that pertain to each section heading of the interview questionnaire guide
4. Wrote the section headings of the interview questionnaire guide on a big piece of paper so those themes on note cards could be reinserted appropriately
5. Read through the first set of transcriptions under one section at a time, three times each and noted accordingly
6. Repeated this process for the second, third, fourth, fifth and sixth section headings
7. Shared with advisor for feedback
8. Reworked by arranging themes into the writing of the analysis
9. Shared with advisor for feedback on themes and arrangement
10. Reworked again using the advisor's feedback as a guide to shape and clarify the analysis

The themes from the data analysis are described in the next chapter.

# Chapter 4

## RESULTS

### Description and Demographic Information of the Participants

Participants represented various community organizations that were providing a variety of different services. Their personal, work and educational backgrounds represented here are very diverse. Below these participants are described in some detail in order to present and highlight the skills, experience and expertise they brought to the task of explaining Cambodian mental health needs and resources.

**Cambodia**

- Transcultural Psychosocial Organization (TPO), Director, Cambodian male, age 30 (estimated). He has been working with TPO since 1994, as a public speaker, mental health advocate, translator, and trainer and program developer. The main branch or office of TPO is based in Amsterdam, Netherlands and the Dutch government funds the organization.
- Transcultural Psychosocial Organization (TPO), Project Director, European, Caucasian male, age 45 (estimated). He works with young people, using cultural and artistic expression to develop process of healing and positive Khmer identity.
- Social Services of Cambodia (SSC), Transition Advisor, Caucasian female, age 45 (estimated). She has worked with Cambodian refugees in Minnesota in programs for the resettlement of refugees and development of a mental health component especially for Cambodians. She is fluent in Khmer, and has

worked to provide training to a group of Cambodian social workers. Providing social services is a new concept for Cambodians and this organization has developed training and needed skills as well as funding to run this program.

- Social Services of Cambodia (SSC), Social Workers, three Khmer women, ages 35, 40 and 50 (estimated). The three women interviewed were trained along with several others by the transition advisor and a Cambodian man from Minnesota. They are now providing social services in Kampong Speu Province, at a community-based center they helped to establish.
- University of Phnom Penh, Psychology Department, the Executive Director and the Deputy Director, both Cambodian women, ages 40 and 49 (estimated). The Department of Psychology lacks human and material resources, including books and money. The Department currently has over one hundred students. Many students do not want to study psychology because they see no future in it. As a result, the Department is having difficulty recruiting students. TPO is currently working with the department to provide needed internship and field training for current students and to create more job opportunities for them in the community. The University expressed great enthusiasm around exchanges with universities offering psychology in the United States.
- Buddhism for Development (BFD), Executive Director, Cambodian male, age 40 (estimated). The Director is a former monk who had done a lot of work around healing through Buddhism. He is a writer and a philosopher as well as a monk. He is a graduate of Harvard University, Cambridge, Massachusetts.

He has presented his thesis to the Khmer community in Lowell, and has presented many workshops on Buddhism for Development, and the process of healing through Buddhism.

- Harvard Training Program of Cambodia (HTPC), Administrator Assistant and Counselor, Cambodian male, age 35 (estimated). He is an experienced counselor, knowledgeable about mental health issues, in particular through casework while a counselor and administrator for the Harvard Program based in Siem Reap. He does educational outreach to people about mental illness, treatment and the various options for seeking help. He understands behavioral patterns among Cambodians help seeking and the conditions of their psychological, emotional and physical health.
- Buddhist Temple, Wat Bo, Siem Reap, Buddhist Monk, age 50 (estimated). The monk is a very calm, wise man with many experiences to share. His knowledge of human suffering and pain and the inability for people to transcend it and beyond was fascinating. He works with the Harvard Program around healing through Buddhism and the use of people's beliefs to educate and raise awareness of their own conditions as a means to self-help. People come to him for advice, individual and family counseling, to receive water blessing and other spiritual ceremonies and rituals.
- Indradevi Women's Association, Primary Physician, Cambodian male, age 30 (estimated), who serves as an HIV/AIDS education outreach and prevention program's director. Indradevi is a local non-profit that was started in 1994, after the United Nations monitored democratic elections. It is one of the active

NGOs that is working to tackle and contain the HIV epidemic. The physician, along with his staff, provides needed counseling and support to individuals with AIDS. The program works with sex workers to educate them about the danger of HIV/AIDS and provide necessary modes of protection, such as proper hygiene and condoms.

Lowell, Massachusetts

- Department of Social Services, Supervisor, Cambodian male, age 55 (estimated). The goal of the Department of Social Services (DSS) is to protect children from abuse and neglect. The Department works closely with Cambodian families to resolve family conflicts, provide education and counseling to better equip parents to help their children. The Department is very unpopular among Cambodians because they are known by their infamous name, "the taker of children" from their families. The supervisor presides over Khmer staff, works to provide cross-cultural communication and serves Cambodian children and their parents. The courts refer most of the cases that DSS receives. The supervisor is a long-standing community leader and a staunch advocate for social justice and equality in the educational process for all city minorities. He is a well-respected elder, whose wisdom and knowledge of the community are sought by others.
- Massachusetts Department of Mental Health, the Office of Multicultural Affairs, Program Coordinator of the Office of Multicultural Affairs, Cambodian female, age 49 (estimated). The Office of Multicultural Affairs exists to make sure that people from different cultural backgrounds or ethnicity with mental

disabilities receive appropriate care. The Coordinator works not only with Cambodians, but also with other minorities to ensure culturally and linguistically appropriate services for the mentally ill. She has been a long time advocate for the Cambodian community and is well respected for her services and her care. She helped resettled many Cambodian refugees and provided them with emotional and psychological support for adjustment and transition to their new environment.

- Cambodian Mutual Assistance Association (CMAA), Executive Director, Cambodian male, age 40 (estimated). As a newcomer a few years ago, this Executive Director has provided needed leadership for the Cambodian community. The CMAA is a rapidly growing social service organization, providing people with means to find employment, continuing education, daycare, English as second language classes, support of elders and youth education and activities. Started in 1984, the organization has helped many Cambodians make cultural and environmental adjustment to their new lives here in the United States. The director has played a vital role in the organizational and programmatic growth of the organization. His skills and leadership have opened many doors for the Cambodian community.
- Trairatanaram Buddhist Temple, Head monk, Cambodian male, age 59 (estimated). He gives meditation classes on Sundays at the CMAA. He also gives Buddhist sermons to people in jail. When people have personal and family problems, they often come and consult with him on spiritual matters.

- Arbour Counseling Services, Psychiatrist, Caucasian male, age 49 (estimated). He is also an anthropologist, fluent in Laotian and Khmer. The Arbour Counseling Services is one of the few mental health providers serving Cambodians in the Greater Lowell. The services are provided on a fee basis. However, this provider has the largest number (about 200) of Cambodian clients in the city. The psychiatrist provides counseling, individual therapy and prescription medication for treatment of psychiatric problems.
- Arbour Counseling Services, Clinician/Counselor and Social Worker, Cambodian male, age 31 (estimated). He is one of the few Cambodian social workers who provides psychiatric support in Khmer. He does case management and other social services in addition to his clinical work. He sees both Cambodian adults and young people, diagnosed with depression or Oppositional Defiant Disorder.

Definitions of mental health

Mental health in Khmer is "Soka Pheap Plauv Chit," a healthy state of mind, heart and feeling. When asked to describe mental health and the lack thereof, participating providers came up with their own definitions. The opposite of "Soka Pheap Plauv Chit" is "Chomm Ngie Plauv Chit," which describes an ill path to the heart, internal turmoil, unsettling feelings and psychological distress.

To be mentally healthy, as one provider defined it is to have

"...a sense of security or safety, having food security, meeting basic physical and emotional needs, having a home, a sense of belonging, job and educational opportunities, a friend, be able to function and carry out normal activities of life."

Another provider described mental health as

"...a state of having energy, a state of feeling positive about your future...mental health is having a sense of connectedness to other people and feeling good about your relationships with other people. Increasingly, people are defining mental health in terms of multiple domains. Mental health is not just the absence of a symptom ---not being depressed. It not just about not sleeping well or not having nightmares. Mental health is having good positive relationships -- having a sense of planning in your life -- engagement in your life's activities --- mental health is all of those dimensions."

Due to the Khmer Rouge, a lot of these relationships were destroyed. Both Cambodians in Lowell and in Cambodia have to rebuild these positive relationships so that they can regain back their health and their confidence in themselves as one provider noted.

"...A healthy person is calm, peaceful, absent of anger – but because of our history, people find it hard to be peaceful, calm and have no anger. We have always lived in a state of fear, poverty and oppression. It is difficult now for people to find that peace. Sometimes, when a person is too happy, it doesn't mean that person is healthy. A person may be on the extreme of joy and sadness. This doesn't mean that he or she is happy. An overly joyful person can be unhealthy. Some people think too much about their own happiness – some think too much about their lives that they become itchy and fearful of what might happen to them. This can be unhealthy" (the monk at Wat Bo, Siem Reap).

Cambodia has been in isolation from the international community for decades. Individually, people have lived with distrust of each other. That sense of connectedness that was once a part of Khmer society was lost during the Khmer Rouge. Now, it is beginning to be rebuilt, as more support groups and community development activities offer people ways to share common suffering, hopes and dreams. In Lowell, providers reported that there is no such group exists. As a result, the distrust and isolation remains. The connection to other people and having a sense of belonging and community are important to the mental health of individuals. As one provider put it:

"…Connectedness to other people is very important...to family, people who they can talk to, friends, career that they can plan to be a productive person --- I think those are some of --- having a sense of purpose and connectedness to other people -- be able to function, connected to others in family or friends-- a sense of future – allows a person to feel productive" (Arbour Counseling Service Center).

The lack of mental health, "Chomm Ngie Plauv Chit", is a form of emotional distress that can lead to mental illness. According to the Director of Buddhism for Development there are many ways to describe in Khmer language various types of emotional distress.

"People can be "lup," someone who is very forgetful and confused. The person may be talking nonsense, not knowing what he or she is saying. A person can experience a state of "bong veng," someone who seems to lose his or her mind. When a person is "beych svang," he or she is experiencing a shift of personality, becoming another person altogether. A "lee ley" person is someone on the border of going crazy. Someone who is "La Khe La Khae" is mute and dumb, sometimes stupid. A person who is "men krup dob" is only "half full". This someone who may be retarded or slow…not a perfect ten. When someone is "ckuot," that person is what we called, "crazy," and such a person may be very angry. That person may withdraw and become very alone."

Mental illness occurs in various cultures and human societies. People have a way of classifying mental illness and Cambodians are not unique in this sense. To complement the categories of mental illness listed in DMS-IV, the Harvard Program in Refugee Trauma and the Indochinese Psychiatry Clinic developed a Khmer version of categorizing emotional distress. At the Harvard Medical School's Conference on The Theory and Practice of Multicultural Medicine, Lavelle and Tor (1999) called it the Cambodian Categories of Emotional Distress (CED). Table 4 shows three major types of mental illness or emotional disorder. Listed in Tables 5 and 6 are other minor disorders in Khmer that have been documented and classified by the Transcultural Psychosocial

Organization of Cambodia in its 1997 training manual called Community Mental Health in Cambodia.

Table 3

Types of Mental Illness or Emotional Disorder

| Types of Mental Illness or Emotional Disorder | Western Counterpart |
|---|---|
| | |
| *Pruoy Chet* | Major Depression |
| *Ckuot* | Schizophrenia |
| *Tierur-nak-kam* | Torture, trauma syndrome |
| | |

Table 4

Types of Mental Disorders

| Types of Mental Illness (Khmer) | Western Counterpart |
|---|---|
| | |
| *Tuk veateanea* | Sorrow, suffering and sadness, bereavement, regret, anxiety and fear |
| *Khoot chet or "lap"* | Damaged heart-mind, driven out of their minds by a broken heart, but not insane |
| *Vong veng smaaraday* | Loosing one's memory (almost like amnesia) |
| *Vy Gol Je Reck* | Mentally ill, a person who is near ckuot, a condition which one is unable to function mentally |
| | |

Table 5

Other Disorders and Their Causes (TPO, 1997).

| Disorders | Causes |
|---|---|
| | |
| Madness of thinking too much<br>*Ckuot Sate Aaram*<br><br>Madness of nerves<br>*Ckuot saa Say Prasaat*<br><br>Pig madness<br>*Ckuot Chrouk*<br><br>Malarias<br>*Krun Chan* | These problems are mostly related to biological causes. |
| Madness of violation of code of conduct<br>*Ckuot Kos Kruu*<br><br>Madness of ancestors<br>Ckuot che chambue | Breaking the codes of conduct causes these problems. |

| | |
|---|---|
| Violation by women<br>*Toah*<br><br>Puerperal psychosis<br>*Ckuo Kraula Pleung* | These problems are caused by breaking codes of conduct around delivery, pre- and post partum. |
| Dying babies<br>Aarih Koon<br><br>Neurological disorder<br>*Skan* | These problems are caused by supernatural as well as natural causes. |
| Madness of magical action<br>*Ckuot ampeu*<br><br>Lovesickness<br>*Ckuot snae*<br><br>Sorcery madness<br>*Ckuot tmup*<br><br>Madness of evil<br>*Ckuot prey bia sach* | These problems are caused by social, relational problems in the family and the community. |
| | |

Potential Effects of Trauma and Stress on Individuals and Community

The providers in both locations shared at length what they saw as the negative effects of trauma and stress on individuals and community. All participants alluded to the experience during the Khmer Rouge as the most damaging effect, but at the same time, they identified the present experience of poverty among the poor as very disconcerting. In the interviews, participants also pointed to the destruction of traditional helping systems, social signs of depression and PTSD as major effects of traumas. Participants described the harmful effect of war and political instability on the Cambodian people. Prolonged war and violence were regarded as having prevented Cambodians from attaining advanced social, economic and cultural development. As a result, people felt

that they had to spend the post war period trying to rebuild everything that had been destroyed and at the same time focus on their own survival. There has been little time for them to enjoy life and pursue other social, cultural and educational activities.

In the Lowell's Cambodian community, providers pointed to the increases in family stress in trying to balance their responsibilities between work and family life. In the view of the providers, the result has been an increase in domestic violence, alcoholism and excessive gambling. Providers in Cambodia stressed how poverty affects people's day to day functioning in addition to dealing with past trauma left by the Khmer Rouge.

Poverty. Poverty, according to the Coordinator of Multi-cultural Office of the Department of Mental Health, "…is one of the factors that add stress to people's lives." In Cambodia, dealing with poverty consumes most of the time that people have because they must constantly look for food and a means for survival. Eighty percent of the rural population are farmers and yet live with minimum food security. Therefore, it is a major source of stress on their lives. According the Deputy Director of the University of Phnom Penh, poverty is a factor that drives adult prostitution, the selling of children into the sex market, the increase in crime rate, and domestic violence.

One of the participants – a monk at Wat Bo, Siem Reap expressed that

> "…Trauma caused by war and poverty…affect the well being of individual…[and] increases case of domestic violence…[as] people become desperate. There are people who don't…have plates to eat with…no cattle to plow their fields. Cambodia is a very poor country. The streets are very dirty. Many children are abandoned and neglected. There is so much poverty here."

Furthermore, the physician of Indradevi Women Organization added his perspective in describing what he sees as the continued saga of trauma experienced by Cambodians.

"…Today, we are experiencing a lot of domestic violence, continued war, violence in our society, poverty…[which] will cause a lot of psychological problems…[for] people. I have seen people who…walk naked, swearing and cursing at people…there will be a lot of that. There's no hospital for people with mental illness. There's no care…we need more help, especially mental health services..."

He further went on to describe how poverty could lead to mental illness.

"…Poverty, lack of shelter and money forces people to live in horrible slums. These people live their lives with a lot of worries in their minds, especially in the city as they see wealth all around them. All these worries can cause mental illness. In addiction, if you're physically ill, and you're not being treated, you can get sick mentally as well due to stress and the act of thinking too much about too many things."

As the providers have expressed, the experience of poverty, both in Lowell and in Cambodia, in the midst of wealth can be very disconcerting to many people. Lack of job opportunities, for example, can lead to low self-esteem and an increase in domestic violence as stress builds up between family members. People can become depressed and withdrawn and neglect to care for their lives and future. One provider in Lowell, however, expressed that no matter how poor, Cambodians in the United States, are still by far, better off than those in Cambodia. In Cambodia, as described by the Transitional Advisor of Social Services of Cambodia (SSC),

"…The poor are getting poorer while the rich get richer. The economy has shifted from a subsistent economy to one that is controlled by a monetary based system. Farmers are no longer able to produce subsisting living from what they produce. They need money…to live."

Cambodia prior to the Khmer Rouge was a self-sufficient country. People were able to produce enough rice for local use and export. Today, many people, according to interviewed participants, are scrambling for something to eat. If this problem is not solved, psychological consequences will show up in various forms, in addition to what is already being experienced by survivors of the Khmer Rouge and their children.

The Breakdown of Traditional Helping System. The destruction of traditional helping system by the Khmer Rouge created a sense of distrust among people. One participant despaired that "there is not a lot of trust left between people." Religious and cultural centers that were significant to Khmer identity were often turned into torture prisons or places of killing by the Khmer Rouge. All belief systems were eradicated, family members were turned against each other and friends and neighbors were not to be trusted.

The Khmer Rouge instilled fear through public execution, torture and physical deprivation of food and proper shelter. The educated were among those targeted in the genocide. Monks were disrobed and often killed while temples were desecrated. Traditional forms of medicines and healing practices were not allowed. This overall has had tremendous impact on the psyche of present day Cambodians who survived. All participants had alluded to the Khmer Rouge experience as a major source of discomfort in people's ability to help themselves.

The Director of TPO poignantly stated that

"...The Khmer Rouge destroyed the Cambodian helping system. TPO tries to rebuild this helping system so that people can help themselves. We do this though building trust among neighbors...community and spiritual

leaders…helping to rebuild temples so that they become spiritual and cultural centers of the villages again."

The Buddhist temple is central to Khmer way of life. When Cambodians came to resettle in Lowell, the first thing they did was get together to build a temple. The head monk at the Trairatanaram Temple remembered,

"…When the temple had been built, people began to feel happier because they have a place of their own to gather and worship."

The importance of the temple to Cambodians is like that of a church to Christians. According to the monk, Buddhism provides spiritual medicine…"medicine of the mind," and it is as vital as food for physical nurturing. This was one of the things that the Khmer Rouge sought to destroy because they felt that it was superstition. Yet, people's faith and belief survived and continued to thrive to this day. In villages throughout Cambodia, temples reemerged as the center of life and worship. People are rebuilding their temples sometimes with funds from Cambodian-Americans.

Depression. Depression, as mentioned by nearly all the participants in both Lowell and in Cambodia, is a major factor resulted from multiple traumas, poverty and the lack of education and resources for people to seek help.

Major depression as defined in DMS-IV and described by some of the participants is defined as a clinical state characterized by feelings of sadness, dejection and despair, difficulty in thinking, change in bodily functions that can last for weeks, months or even years. The Director of Buddhism for Development described it as a state of "withdrawing from the world," a kind of "bebochit" or deep sadness. The symptoms cause the impairment of social and

work function, and can lead to suicide if left untreated. Due to livelihood issues, according to some providers in Cambodia, many people often complain that they think too much about their lives because they have to constantly come up with schemes for their own survival. People often experience a sense of isolation from other people, which leads to a feeling of hopelessness about their future. Sometimes, depression may cause a person to sit very quiet in one place, without paying any attention to his or her surroundings.

According to Lavelle and Tor at the 1999 Harvard Medical School's Conference on The Theory and Practice of Multicultural Medicine,

> "signs of major depression has five or more of the following symptoms during the same time period that are present almost everyday. Symptoms include one depressed mood for most of the day, lost of interest in sex or pleasure, weight loss, insomnia, psychomotor agitation or psychomotor retardation, fatigue or loss of energy, feeling of worthlessness, excessive guilt feeling, unable to think or concentrate, in decisiveness, recurrent thoughts of death, suicidal thought or plan."

In Khmer, this would be called "pruoy chet', the act of thinking and worrying all the time. The result is, according to the Transitional Advisor of SSC that "...many people experience physical fatigue from lack of sleep, depression and anxiety."

Post Traumatic Stress Syndrome (PTSD). PTSD is an anxiety disorder defined in the Diagnostic and Statistical Manual of Mental Disorder (DSM-IV) as a set of physical and emotional symptoms that a person may develop through experiencing severe stress, trauma or torture. As noted in the literature review, the majority of Cambodian refugees in the United States have gone through traumatic experiences both in Cambodia and in the refugee camps. The Khmer

in Cambodia have gone through multiple forms of stress that include poverty, political repression, torture and other forms of violence. All participants in this study pointed to PTSD as an issue for many Cambodians. Participants in both locations called attention to PTSD. The counselor for the Arbour Counseling Service Center said that many patients he sees have symptoms of PTSD.

...The patients I see ... a lot of them have symptoms of PTSD. I have a patient who is classified as having Oppositional Defiance Disorder...a person who gets into trouble all the time...being very defiance, not cooperative...who steals and get into fights with others.

Depending on the resources and individual ability to cope, some managed to cope better than others do. All seventeen participants described some forms of people's reaction to the trauma they experienced. Some of these reactions include continued nightmares, withdrawn behavior, having recurrent memory of traumatic events, intense distress, fast heartbeat and diminished interest in daily activity.

One of the social workers of Social Services of Cambodia (SSC) described symptoms of PTSD this way.

"...Common problems that people have include not able to sleep, having chronic headaches, bodily aches and pain, and loss of appetite."

As the Director of Buddhism for Development (BFD) put it, "...Most people are still having nightmares about the Khmer Rouge." People are unable to sleep. As a result, somatic complaints such as chronic headaches and stomach problems are common, especially among Cambodians in Lowell. For help, they often go to the emergency room, where sometimes the doctor cannot detect their illness.

According to the psychiatrist at Arbour Counseling Service Center,

"…Often time, they have complaints, like pain in their bodies, stomach upset…and they have gone to the emergency room all the time, and doctor says nothing wrong with them, and they keep going back."

Cambodians commonly experience PTSD, but they do not understand what it is. The counselor and administrator for the Harvard Training Program in Siem Reap Province, shared that he feels,

"…about 95% [of the Cambodian people] who lived through the Khmer Rouge, have some forms of mental effect. Some of these people do not understand the psychological effect the experience [trauma] has had on them. They do not have terms for it. People would not understand that they are experiencing PTSD. They would accept their conditions as normal. The symptoms…are unconscious. They may not be aware of them when they show up. I would say that 95% of the people I work with do not know that they have an illness. A very small percentage of the people understand mental illness."

The Executive Director of the Cambodian Mutual Assistance Association (CMAA) of Greater Lowell described how prior to coming to the United States, PTSD, as defined by Westerners, was unheard of. Yet, it is a problem that many Cambodians have with little or no understanding of what it is that they are experiencing.

…The term…PTSD…we learned it here in this country. Prior to that, we had never heard or used the term."

The Supervisor of Khmer staff at the Department of Social Services (DSS) relates PTSD to the problems experienced by families and children, as they struggle to make sense of their present situation with the legacy of the killings and the losses they experienced in their homeland.

"…I see a lot of people with some kind of …PTSD. Some people have experience with disturbing separation, marital problems, conflict with roles, conflict with children, children acting out, not following the rules of the house, not

listening to the parents...and all of these can add a lot of stress on the parents...sometimes they don't know how to cope or what to do."

Roles of Providers in Different Types of Coping Resources

The providers indicated that whether in Cambodia or in the United States, Cambodians tend to seek multiple healing pathways. The participants identified these pathways as Western forms of healing, such as medication (for severe mental illness, depression and a form of schizophrenia), counseling (both in Western and traditional forms), and support groups (usually formed to provide different types of nurturing, skills training and sharing of life's common difficulties). Westerners who have worked in Cambodia stressed the importance of collaboration between various traditional pathways to healing, such as the monks, the lay people, the elders, community and spiritual leaders, the traditional healers, the birth attendants, the mediums, the local ministry of health and the university.

Below is a list of healing or coping pathways that were identified by the providers. The availability of these resources is compared to that in Lowell. The letter in each box indicates the availability of each type of resources and whether they exist in traditional or Western or both. Table 6 shows major types of coping resources emerged from the interviews.

Table 6

Types of Coping Resources

| Types of Coping Resources | Cambodia (C) | Lowell (L) | Traditional (T) | Western (W) | Both T + W |
|---|---|---|---|---|---|
| | | | | | |
| Counseling | C | L | | | T + W |
| Buddhism | C | L | T | | |

| | | | | | |
|---|---|---|---|---|---|
| Western Medication | C | L | | W | |
| Education | C | | | | T + W |
| Support Group | C | | | | T + W |
| Arts & Culture | C | L | | | T + W |
| | | | | | |

Roles of Counseling. As noted in the literature review, traditionally, counseling was done by Buddhist monks, the elders and some traditional healers, who would intervene in family or neighboring conflicts. For example, a traditional healer might be able to influence the outcome of a domestic violence case by talking to the husband and the wife to find solutions. People would listen out of respect for the traditional healer's knowledge and status of respect in the village or a given district. Monks were also known as traditional doctors. They not only presided over religious affairs, but they sometimes prescribed herbal remedies, diagnosed certain physical illness and provided psychological relief through counseling (using Buddhist teachings and moral stories), meditation and rituals (such as water blessing and chanting to rid one of bad omen or evil).

"Sometimes people come to me to seek a cure for their addiction, whether it is addiction to women, alcohol or gambling, they want me to shower them with holy water to take it away. I make a bracelet out of white yarn and tie it around their wrist to help them remember what they came to me for -- that is to cure their addiction. Sometimes I prescribe certain herbal remedy, but most of the time, I teach them about meditation to help calm their minds and to stop them from thinking too much" (a monk at Wat Bo, Siem Reap).

"...Monks can help the patients to understand their conditions. They can calm the patient's mind and they can provide education and even psychological therapy" (The counselor and administrator of Harvard Training Program).

Monks continue to have an important place in Khmer society according to the providers. Before the Khmer Rouge, monks were also very politically active.

They served as "shakers and movers" of society. Orphans and poor children who did not have money were often sent to the temple for schooling.

"...The temple used to be a cultural store, a place where orphans and poor students form the countryside come to stay" (Director of TPO).

Monks helped shape the moral foundation or values of Khmer society. When the Khmer Rouge came, this foundation was destroyed, and slowly, it is being rebuilt with little or no resources. As my interviewees reputed, today monks are again taking more active role in community development. The Director of Buddhism for Development (BFD), who was himself a former monk, spoke of the different roles that monks can play in Khmer society and its overall health.

"...We have over 4000 pagodas throughout our country. Monks can become great spiritual leaders in their individual community. Our job is to train monks to become counselors and mediators of family conflict. There are over 40,000 monks, and all you need are a few well trained individuals to do psycho social work...Our monks led people to plant trees and they get the community members together to work for common cause. By teaching monks, we are utilizing the talents and the skills that we have. Monks are already in the service of the people so why not train them to become skilled providers of mental health, teachers and community development workers."

Buddhism as a Coping Resource. Ninety percent of the Cambodian people are Buddhist. One of the social workers of SSC described how Buddhism is important as a coping resource in Cambodia.

"...Buddhism is an important resource to Cambodians because Khmer are Buddhists. Buddhism teaches people how to be good. There are moral guidelines for people to live by...the elders and the monks tend to be very helpful to our patients because they help them solve life's problems. Sometimes, just by having a monk shower you with holy water, you can be relieved of all anxiety."

Providers in the United States also pointed to the importance of Buddhism. According to Venerable Sao Khon, the head monk of Trairatanaram

Temple of North Chelmsford, Massachusetts, "Buddhism is the center of mental health…Buddhism provides spiritual medicine --- medicine of the mind."

"…Buddhism can play an important role in helping people cope with life's difficulties. In Lowell, Cambodians experience great difficulties due to war the experience of family separation and loss. They have a lot of frustration and anger. They have a sense of revenge…many people hold back their anger and rage. This is unhealthy [because] they keep it all inside, which may lead to psychological disease --- spiritual disease."

The Venerable went on to say,

"…Buddhism cures what is inside. It helps people purify from within their hearts and minds -- the soul. Spiritual cleansing is like that of rebirth. A pure mind enables a person to achieve bodily happiness and mental health."

One of the ways in which Buddhism is important according to the providers is the teaching of meditation. Meditation, when practiced daily, is soothing to the mind.

"…Meditation helps people [not just Cambodians] achieve total mindfulness…awareness of one's environment, breathing (inhales and exhales) and control…the flow of negative thoughts in your mind" (His Venerable Sao Khon, Trairatanaram Temple, North Chelmsford, Massachusetts).

Buddhism teaches detachment from worldly desire and all that which may cause a person great suffering. According to the monk at Wat Bo, Siem Reap,

"…Buddhism teaches us that desire causes unhappiness. Even a desire to be happy can cause suffering. As a human being, we are all born impure, both physical and mental."

"…Desire for vengeance and revenge causes suffering. Many people make the mistake of thinking that by having a certain thing in life, that it would make them happy. For example, some men may think that by having sex with all the women would make them happy. They do not think, for instance, that it bring harms to others and themselves. Buddhism is a way out of this form of desire."

Buddhism, as mentioned by all the participants, is a very helpful coping resource. According too the interviewees, all Cambodians, whether they are in America or in Cambodia see Buddhism as remaining central to their lives.

Western Medication. As noted in the literature review, Western medication is not as readily available to Khmer in Cambodia as it is in the United States. Interviewees who represented TPO and the Harvard Training Program indicated that Western medication is only used for severe depression and psychotic behavior or schizophrenia. In general, Western medication is very expensive. Both the American psychiatrist and the Cambodian-American social worker at Arbour Counseling Service Center said that their Cambodians seeking their help in Lowell have to have insurance to pay for the drugs. Providers in Cambodia mentioned that the majority of Cambodians in Cambodia would not be able to afford medication at all. Therefore, international NGOs like TPO and the Harvard Training Program often provide limited access to medication free of charge. In Cambodia, in this case, Western medicine is often the last resort after other healing pathways have been sought and found ineffective.

For providers who do not deal with people who have severe mental illness, they often make referral to those who can. The organizations that can do something about people with major depression, PTSD, and other psychotic forms of behavior, are mainly the International Non-governmental Organizations that have been previously mentioned. They have the funds and expertise to diagnose and treat mental illness appropriately. More and more Khmer staff are being trained as psychiatrists and are becoming skilled in this form of treatment.

According the American psychiatrist of Arbour Counseling Service Center, treatment in the form of medication requires substantial education and follow up. This requires a lot of resources and staff, especially when serving Cambodians in

Lowell. The Cambodian counselor and social worker at Arbour Counseling Service Center indicated that Cambodian-Americans tend to be very needy (due to the nature of their multiple needs) for other forms of social services and each Cambodian has to be dealt with on a case to case basis. As a counselor he has to play multiple roles, that of a case worker, a counselor and a social worker.

The degree and type of mental illness determines whether a person requires medication or not. The majority of the Cambodians may experience depression or PTSD, but they may just need to talk to someone about it.

"...If people are experiencing symptoms relating to depression or PTSD...they may need to talk to someone trained and skilled in counseling about it. They can also turn to friends and...spiritual leaders they trust. There is a lot of hardship here, and many people are overwhelmed by life. They face poverty, hunger and other health problems. They have not been able to get a grip on things. The country is unstable and uncertain. They need to be able to solve whatever worries they have on their minds" (Transition Advisor for SSC).

Education: Providers reported that education is an important process of healing. In Cambodia, as in Lowell, interviewed participants mentioned the need for more education and better communication around various coping options. Providers in Lowell noted that older Cambodians simply do not understand Western concept of mental health care and do not know the system and how to access it. When given medication, they often do not know the proper way to take it. Counseling services are readily available in Lowell, and yet, people are rarely accessing them. This tendency not to access services, according to the providers in Lowell, is partly due to language barriers as well as the lack of trust between providers in Lowell and community members.

In Cambodia, on the other hand, education about mental illness and treatment options is a thriving and successful process, according to the Director of TPO. This success is partly due to the collaboration built between Westerners and traditional healing practices. Providers go to the community rather than the other way around. Cambodians in Lowell would not seek help unless they are in crisis. A psychiatrist at the Arbour Counseling Service Center suggested that we work with the children and to help people name and recognize symptoms, for example, of PTSD.

[We] "...need to help children...understand what PTSD is so that they can understand where their parents are coming from. Most importantly is to tell the patients that they have these symptoms because they were traumatized before. I would be too if I had been traumatized. In those conditions, I would be just like you are now. If I went through what you have gone through, would be experiencing the same symptoms. One of them is learning how to help people understand that they have an illness that result from trauma. You're not crazy. It is normal that you can't concentrate, hear loud noise, when your heat beat fast, you're not ckuot (crazy). Any American would have this. Education alone is therapeutic. That doesn't involve medication. Another things is to let them know that they're not going to die" (Psychiatrist at Arbour Counseling Service Center).

One of the social workers of SSC pointed to the importance of involving other people in the community in the caring of people with mental illness.

"...We need to educate people around mental illness and the caring of those with psychiatric problems."

Education about mental illness is vital because Cambodians are not familiar with Western concepts and terms. The Harvard Program in Refugee Trauma and the Indochinese Psychiatry Clinic (Lavelle and Tor, 1999) have developed taxonomy and Khmer categories for symptoms of emotional distress. The categories use Khmer terms to describe PTSD and other depressive

disorder defined within the DMS-IV. The taxonomy developed needs to be used and taught to providers and as well as to community members.

Support Group: A support group is a Western form of coping strategy that is very popular in Cambodia today. Providers see the importance of support in community development and in the empowerment of individuals to take an active role in solving their own life's problems. One interviewee told the following story to emphasize the impact that a support group could have on a person's life.

> "One woman, who is a widow, owned 2 cows. She lives alone. She lost everything to the Khmer Rouge, including her children and husband. She was very depressed. She didn't trust anybody. She feels very violated in many ways, and she is afraid to meet or know other people due to her past experience. However, one day, we convinced her to join a support group. After a month or so, this woman realized that she was not the only one suffering. There were many other women, some were in more dire situations than her. She became very happy to know this, and was open to new relationships. She was able to borrow money, start a business of her own and exchange work with other people. She is now very happy" (Director of TPO).

In Cambodia, the use of support groups has become an effective means for people to share and solve life's common problems. In a women's group, for example, the women can share each other's poverty, experience of domestic violence, loss of children and family members. Whatever the experience may be, women come together to build ties based on shared humanity. They find that they are not alone, and by being with others they can find solutions to their own problems. This is a good process of empowerment as people work together to change their life's conditions.

Artistic and Cultural Expressions: One interviewee in Cambodia used artistic and cultural expressions to help young people build connections and

develop strong identities as Khmer. He drew the conclusion that arts are very important in the process of healing.

> "...I work with children by using artistic and cultural expression as a process of healing and to end the cycle of arms conflicts. I support and encourage their resiliency, and using arts to rebuild and regain their strong identity as Khmer. I believe that the development of strong identity is a strategy for coping because it connects the children back to their roots and traditions. Art and culture give identity. Dance is a healing quality in itself. Artists are the healers of the community" (Program Director of TPO).

Cultural and artistic expressions as the Project Director of TPO expressed, is especially important for Cambodians in Lowell, where assimilation to the mainstream community often means the threat of losing their Khmer culture and identity. A group like the nationally acclaimed Angkor Dance Troupe of Lowell, for example, provides a vehicle for at risk children and youth in the community to build this Khmer identity through the arts. Yet, other participants were less likely to link the importance of the arts to healing.

Current Resources: What are working and not working?

In Cambodia, as noted in the literature review and data analysis, current resources that are being used represented a variety of different pathways. These pathways include traditional and Western counseling, support groups and other faith healing through Buddhism and traditional healers. People are using both traditional and Western forms of coping strategies. Providers indicated that they try to integrate multiple pathways to meet multiple needs of the people.

In the United States, providers noted that American mental health institutions need to provide more education around mental illness and to integrate some aspects of Khmer cultural helping systems into mainstream

services in order for Cambodian Americans to feel comfortable in seeking assistance. As one provider pointed out, many Cambodians are not very familiar with the nature of mental illness or Western resources that are available to help them.

"Cambodians are not familiar with the nature of mental illness…and we don't have Western styled counseling or medication to relieve mental illness. If they feel they have something, like a mental illness, they never go to see a doctor. Usually, they go to the monks and as a form of relieve, they may ask the monk to bless them with holy water…to help them, to cure…as you know we don't have a system of counseling or individual clinical therapy" (Participant working at DSS)

In Cambodia, providers noted that effective resources work collaboratively with people's beliefs and they deal with individuals on a case by case basis. According to the social workers of Social Services of Cambodia, every person looks for help in different ways for the many types of problems. It is important to assess each individual person from their point of view and try to help them identify solutions to their own problems. The three interviewees also said that it is likewise imperative to learn people's life history and to listen to their stories. When a person comes to see them, they try to learn as much as they can about that individual's past or social and economic environment.

"Usually, before people came to see us, they may already have been through several Kruu Khmers or traditional healers, so it is very important for us to find as much about the person as we can, his or her life's story…the patient's problems and see what is the most urgent one, look at their individual needs, and help them solve according to the problems we see and treat according to the patient's belief. Help the person understand his or her own problem in a way that they own their own problem and be able to solve them themselves without our direct help" (Social Workers of SSC).

The monk at Wat Bo further added that education is important and it should be culturally sensitive and appropriate that complement with people's belief and value system.

"The way we educate people must be sensitive and appropriate to the culture, to [their] beliefs and value system and the environment in which they live. We must ask, 'What is the patient's current situation?' 'What is his or her surrounding like?' (Monk, Wat Bo)

Similarly, providers in the United States, saw the need to create a helping system that is familiar to Cambodian-Americans. There are resources that have already been established that may be of help to providers in Lowell to come up with viable and effective mental health program for Cambodian-Americans. The interviewees in Cambodia referred to the training manual, Community Mental Health in Cambodia that was developed by the Transcultural Psychosocial Organization (TPO) as a very helpful resource in understanding the different categories of Khmer emotional distress. In the manual, symptoms for these distresses are thoroughly described. The manual is written both in English and Khmer within creative ways and ideas to work with Cambodians are suggested.

To be effective, providers highly encouraged collaboration and partnership between different NGOs and mental health providers (both Western and traditional). In comparison to Lowell, Massachusetts, Cambodia has easier access to the community and the people as the environment allows psychosocial workers to organize people more easily. In Lowell, institutional and language barriers abound. However, interviewees noted that collaboration and partnership are not impossible although it is more difficult to build and it takes far more human and financial resources than it would in Cambodia.

Yet, paradoxically the availability of mental health resources is far greater in Lowell than it is in Cambodia. Cambodia has only one psychiatric hospital for the whole country and is currently being restored to serve those with severe mental illness. The deputy director of the Department of Psychology at the University of Phnom Penh said that the university is working closely with the Transcultural Psychosocial Organization (TPO) to train more students in the field of psychology. It is difficult for the Department because of the lack of human and financial resources. The University has a limited budget and relies largely on funding from other countries. In the United States, the Universities are the primary sources for mental health. Their psychology graduates have more access to research opportunities and to write about what they have learned and studied. Cambodia, according to the different providers, is only a fledgling that continues to struggle to get off the ground and suffers because of the recent history of warfare.

Providers' Assessment of Future Mental Health in Cambodia and Lowell

Each participant in Cambodia was asked to assess mental health needs in the future of Cambodia while participants in Lowell assessed needs for the Cambodian-American community. Providers in Cambodia saw the need to acquire more support from the international community. Support, to them, meant increased funding for research, education and services for the mentally ill individuals. As the Director of TPO pointed out, funding is an important factor in order to increase care for people with psycho-depression.

"With more funding, we hope to increase our support to people with psycho-depression by making medicines readily available to them. We would

like to establish clinics that are non-stigmatizing to provide education around treatment" (Director of TPO).

Education was a common theme among providers in Cambodia and in Lowell as an important part of healing and better care of the mentally ill. According to the transition advisor of Social Services of Cambodia,

"People who are mentally ill are still in chains. Due to some traditional beliefs, chaining or beating to drive out the spirit often used as methods of treatment of people with mental illness. There needs to be a nationwide health care system, with care coverage to those who are poor. Cambodia needs to pay better attention to people with severe psychiatric illness" (Advisor of SSC)

There are harmful as well as healthy traditional pathways to healing, and working together will provide opportunities to learn from one another. As the monk at Wat Bo expressed, there are many existing resources. People just have to work together to provide needed mental health services.

"We have monks, kruu borans, teachers...all should work together to help people. We need money and human resources and international support...working together to bring needed services [to our people]" (Monk at Wat Bo)

Research in the area of cultural and artistic expression as a healing pathway is lacking. The Project Director of TPO found that arts could play an important role in the healing process, especially for the young people who have been taught for so long to hate others through war and violence.

"More research is needed, especially with my work. The new generation needs a strong identity and a calm feeling that being Khmer is valuable. It is important for the youth to develop international relationships but first they must work on their fear. Artists play a central role. Artists are the healers of the community. They are central to healing. We need to give them the responsibility to find forms of healing for the community. The young volunteers are ready to step out of trauma and take available opportunities. In the US it is very different since there are bicultural issues. Here we can just focus on being Khmer. We could try connecting our program to Lowell via the Internet for dialogue. But first,

children here must be comfortable with their own lives before they can share with others" (TPO Project Director).

Psychiatric support and mental health infrastructure in Cambodia is currently being rebuilt with little or few human and financial resources. Without the support from the international community, Cambodians would not be able to manage or rebuild its fledgling mental health system for people today. The hope of the three social workers of Social Services of Cambodia is that heightened support would go toward making more medication easily available as well as expanding psychiatric services throughout the country.

"We need medication to be more available, education, counseling services, psychiatrist in every province, money, skills training, rehab centers, sports activities and life's skill training to provide ongoing support to those who are sick" (SSC workers)

In the United States, similar needs were expressed, especially in the form of counseling, family services and support for the elderly that is culturally appropriate. Most importantly, as the Multicultural Community Liaison of the Massachusetts Department of Mental Health pointed out, it is the hope that Cambodian-Americans will get through and be able to move past their trauma.

"I hope we can help them to move on by putting in place the things they need to move on like family counseling services that are linguistically and culturally appropriate, [which are done] not just as a token, but they [providers] need to care about this population [Cambodian population]. People shouldn't do it [provide services] because they have their own agenda. Providers should care about this population. We need training of Khmer professionals work with our people" (Liaison for DMH)

Due to the social and cultural isolation that some Cambodian-Amercans feel, it is also important to establish a place where people can go and talk whenever they have problems without it being stigmatized.

"We need more support system. A lot of the Cambodians don't need direct mental health assistance. More like needing help with filing papers, etc. This can cause a lot of stress for them, not knowing how to do these things. Community network and support [can be very important]...places where they can go and get support like the CMAA. The agency that I'm working for is mainstream. But because I am Cambodian, people come or they are referred to me. Rather than working through a translator, they can talk directly to me. If they have Cambodian clinician, it is easier for them. For the younger people, they might prefer to speak English" (Arbour Counseling Service Center)

# Chapter 5

## DISCUSSION

The overall purpose of this research was to learn from the growing Cambodian system of integrated healthcare and see how its lessons may be applied to Lowell. Most Cambodians are not in a severe state of mental illness. However, trauma, in forms of torture, rape, and other psychological and physical abuse, is very damaging to individual wellbeing. PTSD is a common occurrence, but most people do not recognize it. Cambodians in Lowell, in particular, often have somatic complaints in the forms of physical pain. They would not link this pain, however, to the trauma they experienced in the past. Here, the challenge for providers is to come up with creative and culturally appropriate methods of education and outreach so that more people can feel at ease seeking psychological relief, whether it be in the form of counseling, support groups, water blessings from the monk or medication.

This research has illustrated how the providers see the effects of trauma on the psychological wellbeing of individual Cambodians and their communities and the ways in which people have learned to deal and cope with various obstacles or challenges in their lives. From the perspectives of the providers, a view of how trauma affected people is presented and how people have used their own personal and community resources to cope with these traumas. The effects described by the seventeen providers interviewed both in Cambodia and in Lowell painted a portrait of the types of psychological coping resources and support system Cambodians need in order to live healthier lives.

The integration of Western and traditional healing pathways is an integral discovery of this research. Collaboration and partnership building between the two worlds or cultures allow certain creative processes to take place in coming up with the best mental health support system possible for those in need. The eleven providers interviewed in Cambodia described the immense pain and suffering that Cambodians have gone through and their ability to survive and pull together the different threads of their lives. Understanding the roles of culture, religion and the traditional healers will open doors into the journey of the Cambodian psyche and how traumatic phenomena are viewed within their system of beliefs. The providers were themselves survivors of the Khmer Rouge, and what has helped them overcome their own suffering is that sense of connection they had with other people they are trying to serve. Their descriptions of other people's lives mirrored that of their own. Therefore, their work to help others has created meaningful relationships between themselves and the community, in which they live and work.

For Cambodians in Cambodia, especially those living in the countryside, traditional healing pathways are still very central to their lives. However, Western concepts such as support groups and counseling have been introduced and are effectively working, especially through talking therapy, where trust has been built among group members. People find that they are not alone in their life's struggles as they share and listen to other people's stories. Allowing people to tell their stories is very important because then people can visualize what it is that they are feeling and what hopes and future they can have.

Herman (1992) describes the fundamental stages of recovery as a process of "establishing safety, reconstructing the trauma story, and restoring the connection between survivors and their community" (p. 3). Many providers in Cambodia had stressed the importance of creating this kind of opportunity or building a system of support where people can feel safe enough to reconstruct, share and make sense of their traumas. This system may be in the form of a support group that integrates both traditional and Western forms of healing. In Lowell, Massachusetts, the traditional sector has not yet been tapped as a resource and integrated into mainstream mental health care. As a result, the providers interviewed reported that Cambodian-Americans often continue to suffer in silence and in isolation. Support groups may be a challenge to create since many people have to work with little or no time to spend on other life-enriching activities.

Due to the nature of their socio-economic disparity, Cambodian-Americans have greater psychosocial challenges than those in Cambodia do, although the Khmer in Cambodia face immeasurable poverty, food insecurity and other forms of hardship. Access to traditional resources in Cambodia is more prevalent than it is here in Lowell, where the dominant form of mental health services are provided by Western trained clinicians who may or may not understand the nature of Khmer pain and suffering.

Presented here are highlights of the interesting, though perhaps not entirely surprising, findings. These findings serve as a foundation of advocacy for a future mental health program that is geared toward the Cambodian

population, who is suffering in silence due to trauma and stress caused by poverty and other social factors.

Effects of trauma and stress on individuals and community

Throughout the interviews, providers spoke of present trauma more than they spoke of the past and what had happened during the Khmer Rouge. Those things were acknowledged, but current experiences of poverty, lack of education and the many challenges facing community development has made life very stressful for people. In Lowell, Massachusetts, providers alluded to past trauma, unstable economic conditions, unemployment and low educational levels as the primary concerns for individuals and community. The providers pointed to present long term problems within the family, such as spousal and child abuse, alcoholism, addiction to gambling and children joining gangs. The elderly continue to feel isolated due to separation of family members who work away from the home for extended periods of the day or even live in different households. Cambodian-Americans are losing their extended family network due to the nature of housing itself as houses here are built for single family not for intergenerational accommodation. This, according to the supervisor of the Department of Social Services, makes it harder for the elderly because that sense of family connection is not there as much as they would like it to be.

In Cambodia, on the other hand, continued political violence, unemployment, and food insecurity are still the primary concerns in people's minds. Past trauma in addition to present survival stress makes it difficult for people to heal and develop their full potentials. Trauma in general makes it hard

for a nation to alleviate poverty and other social problems. The effects that trauma has on people continue to result in a variety of abnormal behavioral outcomes, such as hallucinations, nightmares, body aches and pains and inability to sleep and function on a daily basis. The providers described the worries they have, as they witness the inequity and the poverty that lead many people to do desperate acts, such as selling their children into prostitution. Some people, as the primary physician of Indradevi Women's Association put it, "can be found talking to themselves, swearing and cursing, or they be sitting all alone, quiet without moving, while others pass them by. There will be a lot of that because of poverty and stress in their lives."

People with major depressive symptoms and schizophrenia may be left untreated due to the lack of available resources. Traditional means may not be effective since these psychotic behaviors may require other forms of medication. Two main organizations that are training local people and providing some forms of assistance in helping people with severe mental illness are TPO and the Harvard Training Program. These organizations have been instrumental in organizing local groups to look at issues of mental illness more closely and offer ways to work with community members to alleviate further suffering.

In Lowell, Massachusetts, more emphasis needs to be on prevention and education rather treatment of just the mentally ill. There are few Cambodian-Americans in Lowell who are currently in need of treatment for severe mental illness. There is no way of knowing the exact number since stigmatism remains around mental illness and people do not take heed of proper medical facilities.

What Cambodian-Americans need most, according the providers interviewed, is a culturally appropriate place where they can go for advice, counseling or simply gather to find support and sociability. This place must not be obvious as a place where people go to get psychological help. The problem with other mainstream mental health services is that they focus mainly on the severe mentally ill. Cambodians would not go to these places because they do not want others to think that they are Ckuot or crazy. Coping resources developed must be sensitive to the culture and they must incorporate different traditional ways that are familiar to Cambodians to be effective, and it needs to focus on prevention and education more than it is on the severe mentally ill.

Types of Coping Resources

Trauma of any form effects and impairs people's ability to live a full and satisfied life. However, trauma does not have to be a life sentence. People can heal and transform trauma into something positive. With appropriate guidance and support, individuals can move beyond and evolve from the trauma they experienced. The process of this kind of transformation can become a psychological, social and even spiritual awakening (Levine, 1997, p.2). It is important, in this case, to have that guidance and support in place so that people begin to nurture their own psychological transformation.

As for Cambodians, who have been through multiple traumas, this kind of support is even more vital. What people need is a way they can start the healing process so that they can move on. Part of helping people move on to recovery is by creating opportunities for people to reconstruct their trauma and to tell their

life's stories. Throughout the interview process in Cambodia, participants kept mentioning how important it was for people to tell their stories. This has been done through support groups, education and various forms of basic psychosocial skills training. Baron (1996) developed a basic psychosocial training manual that uses lifeline drawing as way of helping people reconstruct their trauma. This was found effective among street children who gathered in orphanages. They each drew about what happened to them and later shared it with other. At the end, everyone drew their hopes and dreams, which enable people to move on, and allowed them to see that there is hope after all.

Other creative resources that already exist include traditional healing channels offered by monks and other traditional healers. Monks often give people spiritual advice and prescribe things according to people's belief (Bit, 1991). Another way is to establish a network of support where people can start to build trust and a sense of community again. In support groups, women and men can share their pain and suffering, their hopes and dreams for the future. They give each other ideas for solutions to life's problems and they sympathize, listen and comfort each other through emotional and verbal acknowledgment.

Definition of Mental Health

The majority of the participants defined mental health in terms of having money, a nice and safe place or environment to live, and a sense of security, both physical and psychological. The lack of mental health, on the other hand, was linked to poverty, political instability, unemployment, domestic violence, crime, and other physical and psychological diseases, such as greed, AIDS and

ignorance. The head monk of Wat Bo, Siem Reap spoke of corruption as a psychological disease and ignorance as a continuum of violence and hunger for power and control. His solutions to these problems lie within the teaching of Buddha, process of meditation and self-reflection in the form of removing oneself from all worldly desires. Others saw the destruction, under the Khmer Rouge, of the cultural and social fabric of kindness, charities and faith to be the most harmful to their society. Working to rebuild those beliefs and reconstructing good moral values is a way they could find meanings and connection to their people and community again.

One provider that was interviewed was involved in creating and improving community health services by helping to develop effective healing system through collaborative efforts with traditional healers and monks. The transition advisor of Social Services of Cambodia used strength-based approach to help individuals help themselves. This approach helps also to assess, through training and individual and group counseling, people's own condition so as to create a plan for resolving whatever life's problems that they may have. This, to them, is mental health, which enables people in their community to work out their problems and to find resources within their own community to define what is healthy for themselves.

Cambodians, both in the United States and in Cambodia, have not effectively dealt with their past trauma. Residues of their experiences during the Khmer Rouge still affect them at various levels. However, few mental health programs, especially in Lowell, Massachusetts, address this problem. Mental

health is defined in terms of psychological disabilities, with little or no linkage made to the physical effect that trauma has on people.

Mental health in Cambodia is defined in terms of relationships and interconnectedness between different factors. The former monk who directs Buddhism for Development (BFD) stated that there is no difference between psychological and physical pain and suffering. If one suffers, the other does as well. There is no distinction, according to Buddhism, where the illness of an individual being affects others in the community. With this in mind, mental health is ecological and holistic, involving a network of support systems that allow people to feel whole and useful to their community.

Researcher Experience

In 1998, I was very instrumental in organizing focus groups to assess the needs for an effective and culturally appropriate mental health service for the Cambodians in Lowell. Studies have shown the needs that Cambodians in the United States have due to the nature of their trauma and how they escaped to the Thai-Cambodian border. Yet, in Lowell, where the Cambodian population is the second largest in the country, there is no such service available. Mainstream Western oriented institutions are readily available, but Cambodians are not taking advantage of it, unless they are in a crisis situation. There is still a greater lack of understanding around trauma and its post experience effect among Cambodians and many of the providers themselves.

The lack of education and awareness around mental illness and the effect of trauma on people's daily function is one of the reasons why I became

interested in this research. I wanted to play a role in developing a comprehensive mental health program for Cambodians in Lowell, Massachusetts. As a Cambodian-American who has gone through the Khmer Rouge and the war as a child like many of my peers, I understand the needs that Cambodians have for some forms of mental health services. I had friends and people I knew in the community who died so sudden with little or no explanation. I think that stress and the way we are made to keep our problems to ourselves may influence their short lives. I want to find ways to bring more resources so that creative programs and ways that are helpful to Cambodians in Lowell as well as in Cambodia may take root.

My reason for doing this qualitative research was to learn from the providers what they have been doing that are helpful to Cambodians in their coping process. As it turned out, there are a lot more personal and community resources available to Cambodians than I thought. Cambodians are very resourceful within their families, friends and communities. Traditional resources such as monks and other traditional healers have importance in Khmer society, and they can be identified and involved in helping Cambodians in America. Bridging and reconnecting people to their roots, culture and belief system while establishing a holistic system of support may have greater outcomes.

I see the tremendous pain and suffering that Cambodians have gone through, and I want to be of some help to them. An established mental health program that nurtures the family, that promotes people's strengths and ability to help themselves, and the commitment from different institutions, local non-profits,

universities and governmental organizations to support these kinds of endeavors will in effect make a greater impact on the wellbeing of individuals and communities.

Through my research, both in Cambodia and in Lowell, Massachusetts, I have built connections and see my role as a community advocate in a wider sense. There is a lot of learning and understanding to exchange between people who seek to serve others. It is not impossible to ensure a certain level of mental health in our community and to enable people to alleviate the harsh realities of their daily lives by utilizing new ways to reduce stress and trauma.

Below are the thoughts of the coordinator for the DMH's Multicultural Affairs Office. It summarizes my personal reason for doing this research also.

"My wish is to create a mental health center for the Cambodian people to heal from the atrocities -- the experiences of separation and loss. CMAA East-West mental health collaboration is good. I asked ten years ago to create such a center, but we don't have the human resources specialized in mental health issues. We need Cambodian mental health professionals -- grant supported by DMH, private agencies -- to create this center, to help them talk about mental illness -- training. Cambodians should be trained to help other Cambodians.

We have only begun to understand what mental illness is -- and how to help people cope with their problems. The Harvard Refugee Trauma Program is doing a lot to help in this.

People often talk about their present conditions, their poverty and their struggles for survival. They try to forget the past even though the past is linked to their present situations. The mother would say, "When I died, what will happen to my children." They more concerned about the future than they are the past. There's definitely a link between the psychosocial traumas of the past and the psychosocial traumas of the present. Many people lost everything. They witnessed so much pain and suffering, and many members of their family members killed. It depends on the level of individual's experience. Some people can never get over the death of their family members, especially their children or their parents. The brutality that they saw was so great that they can become ckuot (crazy)."

Future Questions and Possible Action Implications

The nature of this research does not allow generalization across the board to all providers both in Cambodia and in Lowell, Massachusetts. The number of providers interviewed is small and the traditional healers in Cambodia were not represented here. Only one monk in Cambodia and one in Lowell were interviewed. Other traditional healers mentioned in this research were not involved due to time limitation of the researcher. In Lowell, traditional healing as a mental health resource is not known and there is not much written about it. Whereas, in Cambodia, participants interviewed talked a great deal about the roles and the importance of traditional healers, ranging from monks, Kruu Khmer to fortunetellers and Birth Attendants.

In addition, there were only a small number of mental health providers in Cambodia. All of the main ones were interviewed for this research. In Lowell, not all main providers were interviewed and only one direct mental health provider participated. Others were either social agencies or indirect providers of mental health. Nevertheless, descriptions, themes and lessons here on the availability of personal and coping resources may open some future doors to better serve the Cambodian population in Lowell. Future models for culturally appropriate mental health education may be created from this body of findings.

Future Questions: This research represented some of the providers' perspectives. It does not represent the people who may or may not use their services. A more in depth study of those currently served by these participating providers would enhance our understanding of why these services are being

used (e.g. What impact do they have on their lives?) It would also be helpful to carry out focus groups with people who are using the services these providers offer. What are some of the ways in which a support group, for example, is run in Cambodia? Acquiring some models and best practices may further promote exchange of ideas between Cambodia and Lowell. What is some of the research that is being done both in Cambodia and in the United States? How are different resources shared between providers and clients? What model of education and outreach is effective and how could it be used in Lowell, where Cambodians are experiencing a different set of social, cultural and economic challenges?

Action Implications: Education about mental illness is a major theme that emerged from this research. One provider in Cambodia was concerned that

> "...People who are mentally ill are still in chains. Due to some traditional beliefs, chaining or beating to drive out the spirit often used as methods of treatment of people with mental illness. There needs to be a nationwide health care system, with care coverage to those who are poor. Cambodia needs better attention to people with severe mental psychiatric illness. We need to educate people around mental illness and the caring of people with psychiatric problems. We need more money...and a national campaign to raise public awareness around mental health issues."

In both the United States and Cambodia, many non-governmental organizations, especially those that are local, find it very difficult to get funding for mental health education and outreach. In Lowell, what Cambodians need is a community based mental health program, where education and outreach can easily take place. In Cambodia, education is highly encouraged and community members are recruited to take active roles in helping each other. Building a support system and rebuilding trust is vital. In Cambodia, people are realizing this

and are doing something about it. In Lowell, this is still lacking due lack of funding and political will. The Department of Mental Health is willing to fund programs that directly serve those who are already ill but will not fund prevention.

Cambodians both in the United States and in Cambodia generally need programs that seek to alleviate poverty and build individual and community connection. Mental health comes from having a sense of security, which includes having a good place to live, to learn and play and to create and be productive in society. People need a way to work and keep themselves busy through social and cultural activities. The children need a place to be where they can build stronger ties to their roots and Khmer identity. One way this can be done is through artistic and cultural expressions. Programs such as these tend to have greater preventive outcomes and the effect is long term.

A community based mental health center would be very helpful to Cambodians living in Lowell. Through this center, education, relationship building and even community based mental health research can take place. Workshops and training can enhance community leaders' ability to increase their helping skills. A center can also serve as a place for an integrative helping system, where both the Western and the traditional mental health sectors can work hand in hand. Providers participating in this research have also offered different recommendations that may be helpful in this process. Mental health, to one provider, is holistic and treatment often involves everyone in the community, which includes the families, the neighbors and other community and spiritual leaders.

"...We take a team approach...to treatment. We consider the importance of the family. We have created a Family Child Mental Health Counselor unit to deal with families and help them care effectively for each other. We seek to work in collaboration with others, such as doctors, birth attendants, Kruu Khmer and monks. We go where the patients are. We don't wait for them to come to us. We seek to understand people's home and social environment. We ask, "What is the patient's living situation like? We assess how our patients live and how they use the medication we provide. We seek to establish a system of support for our mentally ill patients right in their community by educating neighbors, family members and friends in the caring process. Individuals around the mentally ill needs to understand what that illness is so that they don't try to treat the person by bringing by harm to that person who is ill. Everyone can help and we try to involve everyone in the helping process".(The three woman social workers of SSC).

A Lowell's mental health center envisions an increased support in education and training of social workers and Khmer providers of mental health services. A Cambodia's mental health system is an increase in social justice, a decrease in political and social violence, poverty and physical diseases such as malarias and AIDS. Both places need money and human resources to build on existing foundation of health giving and caring. The involvement of traditional healers makes any center of mental health less stigmatizing. Education and community support enable people to have greater control over their own psycho depression. With that knowledge, they may feel more freely to seek help. As one provider expressed,

"...The more training, the better. To do training, we need more money, clinics and psychiatrists, social workers and greater awareness of mental illness."

Trauma is damaging psychologically to different people in spite of their cultural and socio-economic backgrounds. War and violence, threats and political insecurity cause different forms of traumas. Trauma is also caused by the unwillingness to take action to heal wounds and despair and to create

preventive measures that promote healthy communities locally and globally. Ignorance also exacerbates the pain and suffering people experience worldwide and it can never be enough just to bring people information. Instead, what must transpire is to construct bridges and build connections with each other in a caring system where everyone is a thread of life. This is a side of mental health we have not yet explored.

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**Appendix A:**

Informed Consent Form

**UNIVERSITY OF MASSACHUSETTS LOWELL**
**Institutional Review Board**
**Informed Consent Form**

Date prepared: April 20, 1999

Project title: Coping Methods: Personal and Community Resources Used Among Cambodian-American in Lowell and Cambodians in Cambodia

Researcher (s): Chath pierSath

Approved for the use by the University of Massachusetts Lowell Institutional Review Board

Signed: _____
IRB Chairperson

_____
Date of Approval

This informed Consent Form is valid for a period not to exceed one year from the date of approval appearing above.

**Title:** Coping Methods: Personal and Community Resources Used Among Cambodian-Americans in Lowell and Cambodians in Cambodia

**Purpose:** The purpose of this research is to document the roles of traditional and non-traditional mental health caregivers in Cambodia and in Lowell, Massachusetts, and find how people have used them and their services. In addition, provide an analysis of mental health issues from the perspective of providers who are exposed to the problems of their clients on a daily basis.

**Procedures and duration:** You will be verbally asked a series of questions which will be recorded on audio tape for ease in recording accurate data. All data collected will be coded without using your real name. All recorded data will be destroyed immediately after the completion of this study. Each interview will take approximately one hour.

**Risks and discomfort:** There are no foreseeable physical or psychological risks or discomforts involved in being a participant in this study. However, you may discontinue this interview at any time should you feel any discomforts as you reflect on answers to questions that I am about to ask. With me is Cheryl West, a community psychologist, who will be able to provide you with any counseling assistance whenever appropriate.

**Benefits:** The interview will provide you with an opportunity to share your knowledge, expertise, experiences, thoughts and insights as well as any recommendations you may have toward the development of culturally

appropriate mental health services to Cambodians in Lowell, Massachusetts and in Cambodia in the future. Your contribution will be very important to the way mental health institutions serve those Cambodians who need their services.

**Refusal or withdrawal of participation:** Participation in this research program is voluntary, and your participation, or non-participation, will not affect other relationships (e.g. with the researcher). You may discontinue your participation as a participant in this research program at any time without penalty or costs of any nature, character, and kind.

**Privacy and Confidentiality:** Every precaution shall be taken to protect your privacy and confidentiality of records and data pertaining to you in particular, and the research program in general, disclosure of which may contribute to identifying you specifically to persons not related to this research program. Examples of precautions to be taken would be: coding all data collection materials including audio tapes, storing of data in a safe locked container only accessible to the researcher and destroying of raw data. All taped materials will be destroyed after the completion of this study. Names of individual participants will not be identified in any summaries of findings.

**Additional Information:** If you cannot read Khmer, research assistance is available to read this for you. If you do not understand any portion of what you are being asked to do, or the contents of this form, the researcher is available to provide a complete explanation. Questions relating to this research project are welcome at any time. Please direct them to Chath pierSath, the Researcher, or Dr. Linda Silka, Ph.D., the Faculty Advisor, at the Department of Psychology, University of Massachusetts Lowell, One University Avenue, Lowell, MA 01854.

Thank you very much for your participation.

I have been informed of any and all possible risks or discomforts.
I have read the statement contained herein, have had the opportunity to fully discuss my concerns and questions, and fully understand the nature and character of my involvement in this research program as a participant, and the attendant risks and consequences.

| | | | |
|---|---|---|---|
| Participant | Date | Researcher | Date |

## Appendix B

Interview Outline

**COPING METHODS: Personal and Community Resources Used among Cambodians in Cambodia and Cambodian-Americans in Lowell, Massachusetts**

Chath pierSath

**Interview Guide**

This interview is designed to gather information about traditional and non-traditional mental health resources that are being used by people in Cambodia and Cambodian-Americans in Lowell, Massachusetts.

The purpose of this interview is to learn the following:

1. What is the term for "mental health" in the Cambodian language?
2. What problems do providers see as resulting from poor mental health?
3. What are the roles of traditional and non-traditional (Western) "mental health" providers?
4. What do providers do to help people?
5. What services are effectively working?
6. What are some of the hopes that providers have for future mental health in Cambodia?

Demographics of Providers

This section identifies the title used by a person or a group that is providing "mental health" related services for his or her community. That person may be identified as male or female, young or old, traditional and non-traditional, a counselor, a healer, a doctor or a clinician, etc.

1. What is your title? (What do members of the community know this person or organization as? For example, Achaa, Kruu Khmer, monk, etc.)
2. Gender and age

3. City or village and province where you (the provider or organization) is located.

4. Could you briefly describe the types of services you offer and your roles and responsibilities in the community?

Definitions of "mental health" in the Cambodian language

1. In your experience, what do people need to be a health person?

2. In your experience, what does a healthy person look like?

3. How about an unhealthy person? In your experience, what does he/she look like?

The Potential Effects of Trauma

The Cambodian people have suffered a great deal. They have lived thorugh more than 20 years of war. Approximately two million Cambodians were killed during the Khmer Rouge. Each Cambodian has lost at least one or more family member(s). Thousands of Cambodians fled across the Cambodian-Thai border, and are now living in Diaspora in other countries around the world. Today, in the post Khmer Rouge era, there are hundreds of orphans and street children. The majority of Cambodians in the countryside are barely meeting their subsistence needs. Many people have also been physically and emotionally maimed by landmines in the midst of all their poverty.

1. In your experience, how do you think these circumstances in life affect the mental wellbeing of individuals?

2. Most Cambodians managed to survive, grow, and thrive from these experiences. In our view, why do you think that is? What are some of the ways people have to help them cope with life's tragedies?

3. How about those who unable to cope? Some people have been described as having lost their minds or they become known as Ckuot (crazy). In your view, can the hardship of life make people Ckuot? In what ways?

4. In your experience, can people get sick physically as well as mentally from bad experiences in life, such as witnessing loved ones killed?

5. If people get sick mentally, in your experience, how do they get better?

The roles and services of providers

Earlier, you have described the types of services that you offer. These services help me understand the kinds of mental health needs that people have. What you do is so important. Many people must have benefited form your knowledge and expertise and these types of help that you are giving them. To help me understand the process of your services further, I am interested in learning more about the different approaches you might use to help people.

1. When a person comes to you with a physical illness, how would you treat that person? What might you do for him or her?

2. Can you tell me a bit about any role you feel you might play in helping people solve life's problems?

3. When a Cambodian comes to you, what do they usually ask you to treat?

4. If you are unable to treat someone, what might you do?

Current Resources: What is working and what is not working?

1. Could you tell me a bit about whether you see Buddhism as having any role in helping people cope with bad circumstances in their lives? Could you describe how Buddhism might help?

2. Do you treat illness specifically related to the mind or the body or both?
3. What are some of the illnesses that relate to the mind? Could you describe them?

4. When people come to see you, what do they want you to do for them?

5. From your experience, what are some of the most common problems that people have?

6. How do people find out about your services?

7. Do you charge for your services or are they free?

8. How did you get interested in healing or providing these services that you currently offer?

9. What if you cannot treat the illness that they want you to treat?

10. How do you treat an individual who other people consider Ckuot?

Future Needs Assessed by Providers: Hopes toward mental health in Cambodia and Lowell, Massachusetts

1. Given the present and past experiences of the Cambodian people, what do you see as the greatest mental health needs for Cambodia/Lowell?

2. What kind of resources would you need to meet these needs?

3. What are your hopes for the mental wellbeing of the Cambodian people now and in the future?

## Biographical Sketch of the Author

Chath pierSath was born in Battambang, Cambodia in a small village called Nymit, bordering West of Thailand. He immigrated to the United States at the age of ten in 1981. He received his Bachelor's Degree in International Service and Development from New College of California, San Francisco, in 1993. He was employed as a community health outreach worker in San Francisco for one year, doing HIV/AIDS prevention education to Southeast Asians. In 1994, he returned to Cambodia for two years to work as a volunteer as part of the Cambodian-American Development Organization (CANDO) team. He was assigned to a local human rights organization, where his skills in grant writing and organizational development were highly needed and valued. He also worked with a few other Cambodian organizations working to prevent the spread of AIDS, plant trees, clean up streets and to educate people about human rights issues. He has also worked with a psychologist to develop psychosocial training appropriate for orphans, journalists and non-governmental organization (NGO) workers who were doing various community development projects. He taught English as a second language to young children during his spare time while he was in Cambodia. In 1996, he came to Lowell and started working with the Cambodian Mutual Assistance Association (CMAA) as a part time environmental justice community liaison. He was instrumental in the development of the Southeast Asian Water Festival, along with other community partners and colleagues. In Lowell, he has served as a board member for the Coalition for a Better Acre (CBA), the Lowell Cultural Council, the Cambodian Master Performer

Project, the Massachusetts Foundation for Humanities and the CMAA itself. His experience includes being an administrator, an advocate, an outreach worker and a writer bringing voice to the community.